FILE NOW: FILING FEE IS $61.25

FILED
Apr 15 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N22028** **(7)**

1. Corporation Name

WEST COAST CHAPTER OF THE FLORIDA ASSOCIATION OF MORTGAGE BROKERS, INC.

Principal Place of Business
10212 OAKLEAF AVE
TAMPA FL 33612
US

Mailing Address
1274 PAUL RUSSELL ROAD
TALLAHASSEE FL 32301-7103
US

3. Date Incorporated or Qualified: 08/13/1987
3a. Date of Last Report: 06/04/1996

2. Principal Place of Business
21 10014 N. Dale Mabry Hwy
Suite, Apt. #, etc.
22 #101
City & State
23 TAMPA FL
Zip 24 33618
Country 25 USA

2a. Mailing Address
26 ~~10014 N. Dale Mabry Hwy~~
Suite, Apt. #, etc.
27 ~~#101~~
City & State
28 ~~TAMPA FL~~
Zip 29 ~~33618~~
Country 30 ~~USA~~

4. FEI Number: 59-2933286 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BRIDGES, LORENE
1282 PAUL RUSSELL RD.
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City — FL — 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (Signature - typed or printed name of registered agent and title, if applicable) (BOTH - Registered Agent's signature required when resigning) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☒ DELETE
NAME	SHERLOCK, RICHARD	
STREET ADDRESS	11523 91ST TERR N.	
CITY-ST-ZIP	SEMINOLE FL 34642	
TITLE	VPD	☐ DELETE
NAME	CLARK, RON	
STREET ADDRESS	2610 W. HILLSBOROUGH	
CITY-ST-ZIP	TAMPA FL	
TITLE	TD	☒ DELETE
NAME	MEDLIN, BOB	
STREET ADDRESS	3406 VALLEY RNCH DR	
CITY-ST-ZIP	LUTZ FL	
TITLE	SD	☐ DELETE
NAME	COOPER, GINNY	
STREET ADDRESS	8817 BAY PT. DR. C-208	
CITY-ST-ZIP	TAMPA FL 33615	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VPD	☐ Change ☒ Addition
1.2 NAME	Urbanski, PAUL	
1.3 STREET ADDRESS	10014 N. Dale Mabry Hwy	
1.4 CITY-ST-ZIP	TAMPA FL 33618	
2.1 TITLE	PD	☒ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS	No other changes	
2.4 CITY-ST-ZIP		
3.1 TITLE	TD	☐ Change ☒ Addition
3.2 NAME	ZINKULA, LEANNE	
3.3 STREET ADDRESS	6209 Golden moss WAY	
3.4 CITY-ST-ZIP	TAMPA FL 33617	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Leanne Zinkula LEANNE ZINKULA 4/2/97 8132651038

CR2E037 (9/96)