


FILE NOW: FILING FEE IS \$61.25

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Apr 29 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N22028** (7)
1. Corporation Name
**WEST COAST CHAPTER OF THE FLORIDA ASSOCIATION OF
MORTGAGE BROKERS, INC.**

Principal Place of Business 10014 N DALE MABRY HWY 101 TAMPA FL 33618 US	Mailing Address 1274 PAUL RUSSELL ROAD TALLAHASSEE FL 32301 US
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3. Date Incorporated or Qualified
08/13/1987

4. FEI Number 59-2933286	Applied For <input type="checkbox"/> Not Applicable
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

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

7. Is this nonprofit corporation a homeowners association?
☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BRIDGES, LORENE
1282 PAUL RUSSELL RD.
TALLAHASSEE FL 32301**

81 Name KAREN WORDELL - SMITH
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 Leanne Zinkula **TREASURER** Leanne Zinkula **4/20/98**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VPD	<input type="checkbox"/> DELETE
NAME URBANSKI, PAUL	
STREET ADDRESS 10014 N DALE MABRY HWY	
CITY-ST-ZIP TAMPA FL	
TITLE PD	<input checked="" type="checkbox"/> DELETE
NAME CLARK, RON	
STREET ADDRESS 2610 W. HILLSBOROUGH	
CITY-ST-ZIP TAMPA FL	
TITLE TD	<input type="checkbox"/> DELETE
NAME ZINKULA, LEANNE	
STREET ADDRESS 6209 GOLDEN MOSS WAY	
CITY-ST-ZIP TAMPA FL	
TITLE SD	<input type="checkbox"/> DELETE
NAME COOPER, GINNY	
STREET ADDRESS 8817 BAY PT. DR. C-208	
CITY-ST-ZIP TAMPA FL 33615	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1.1 TITLE PD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME Nichols, Michele	
1.3 STREET ADDRESS 1010 Bryan Rd S.	
1.4 CITY-ST-ZIP BRANDON FL	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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** **3/30/98** **813 265 1028**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (10/97)