NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 02, 2002 8:00 am
Secretary of State
05-09-2002 90012 026 ****61.25

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DOCUMENT # N22028

1. Entity Name
WEST COAST CHAPTER OF THE FLORIDA ASSOCIATION OF MORTGAGE BROKERS

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
FAMB	F.A.M.B.
Suite, Apt. #, etc. P.O. BOX-6477	Suite, Apt. #, etc. P.O. BOX 6477
City & State TALLAHASSEE, FLORIDA	City & State TALLAHASSE, FLORIDA
Zip 32314-6477 Country USA	Zip 32314-6477 Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 592933286 ☐ Applied For ☐ Not Applicable

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

7. Name and Address of Current Registered Agent

Name KAREN WORDELL-SMITH

Street Address (P.O. Box Number is Not Acceptable) 1292 CEDAR CENTER DR

City TALLAHASSEE FL Zip Code 32301

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25
Initial or Amended UBR

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	PRESIDENT
NAME	JERRY COLLYER
STREET ADDRESS	1017 CARAVEL COURT
CITY-ST-ZIP	TARPON SPRINGS, FLORIDA 34689
TITLE	VICE PRESIDENT
NAME	GINNY COOPER
STREET ADDRESS	8821 BAY POINTE DR. E-204
CITY-ST-ZIP	TAMPA, FLORIDA 33615
TITLE	SECRETARY
NAME	MONA-PETERSON
STREET ADDRESS	3600 29TH AVE N.
CITY-ST-ZIP	ST PETE, FL 33713
TITLE	TREASURER
NAME	IMOGENE-HANRAHAN
STREET ADDRESS	1010 BRYAN ROAD
CITY-ST-ZIP	BRANDON, FL 33511
TITLE	
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12. 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 report or supplemental 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Jerry Collyer JERRY COLLYER 4-17-02 727-287-9175
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

PRESIDENT