

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N22028

**FILED**  
**Aug 29, 2004**  
**Secretary of State****Entity Name:** WEST COAST CHAPTER OF THE FLORIDA ASSOCIATION OF MORTGAGE BROKERS, INC.**Current Principal Place of Business:**F.A.M.B.  
P.O BOX 6477  
TALLAHASSEE, FL 323146477 US**New Principal Place of Business:****Current Mailing Address:**F.A.M.B.  
P.O BOX 6477  
TALLAHASSEE, FL 323146477 US**New Mailing Address:****FEI Number:** 59-2933286**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**WORDELL-SMITH, KAREN  
1292 CEDAR CENTER DR  
TALLAHASSEE, FL 32301**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: COLLYER, JERRY  
Address: 1017 CARAVEL COURT  
City-St-Zip: TARPON SPRINGS, FL 34689

Title: PD ( ) Delete  
Name: COOPER, GINNY  
Address: 8821 BAY POINTE DRIVE E-204  
City-St-Zip: TAMPA, FL 33615

Title: SD ( ) Delete  
Name: FRISSELL, RICK  
Address: 3600 29TH AVENUE NORTH  
City-St-Zip: SAINT PETERSBURG, FL 33713

Title: TD ( ) Delete  
Name: HANRAHAN, IMOGENE  
Address: 1010 BRYAN ROAD  
City-St-Zip: BRANDON, FL 33511

Title: TD (X) Delete  
Name: CLARK, JAMES  
Address: 5425 THERESA RD #2  
City-St-Zip: TAMPA, FL 33615

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: BURROWS, MONA  
Address: 3600 29TH AVENUE NORTH  
City-St-Zip: ST. PETERSBURG, FL 33713

Title: PD (X) Change ( ) Addition  
Name: GENTRY, BOBBY  
Address: 580 CALIBRE DOWNS LANE #2505  
City-St-Zip: PALM HARBOR, FL 34684

Title: SD (X) Change ( ) Addition  
Name: HAVILAND, DOROTHY  
Address: 10212 OAKLEAF AVE  
City-St-Zip: TAMPA, FL 33612

Title: TD (X) Change ( ) Addition  
Name: SANDON, RICK  
Address: 4014 GUNN HWY #255  
City-St-Zip: TAMPA, FL 33618

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MONA BURROWS

PD

08/29/2004

Electronic Signature of Signing Officer or Director

Date