2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2009
Secretary of State

DOCUMENT# N22028

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

Current Principal Place of Business:

F.A.M.B.
1292 CEDAR CENTER DR
TALLAHASSEE, FL 323014876 US

New Principal Place of Business:

Current Mailing Address:

F.A.M.B.
1292 CEDAR CENTER DR
TALLAHASSEE, FL 323014876 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:

CICIONE, FRANK
1292 CEDAR CENTER DR
TALLAHASSEE, FL 323014876 US

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 F	
Address:	210 FAIRWOOD AVE # 63	
City-St-Zip:	CLEARWATER, FL 33759	
Title:	TD	(X) Delete
Name:	GENTRY, BOBBY R	
Address:	706 E LIVE OAK ST	
City-St-Zip:	TARPON SPRINGS, FL 34689	
Title:	VP	( ) Delete
Name:	URBANSKI, PAUL S	
Address:	4345 GUNN HWY	
City-St-Zip:	TAMPA, FL 33618	
Title:	TD	( ) Delete
Name:	ECHOLS, STEVEN W	
Address:	1825 S PINELLAS AVE # 104	
City-St-Zip:	TARPON SPRINGS, FL 34689	
Title:	TD	( ) Delete
Name:	SMOOT, PATRICIA M	
Address:	922 WEEDON DR N E	
City-St-Zip:	SAINT PETERSBURG, FL 33702	
Title:	TD	( ) Delete
Name:	LOMBARDI, LISA M	
Address:	5616 QUEENER AVE	
City-St-Zip:	PORT RICHEY, FL 34668	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: JERRY F COLLYER PRES 04/24/2009

Electronic Signature of Signing Officer or Director — Date