2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2006
Secretary of State

DOCUMENT# N22029

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

Current Principal Place of Business:

C/O PATRICIA NEELY, P.A.
3522 SE 22ND PLACE
CAPE CORAL, FL 33904

New Principal Place of Business:

Current Mailing Address:

C/O PATRICIA NEELY, P.A.
3522 SE 22ND PLACE
CAPE CORAL, FL 33904

New Mailing Address:

FEI Number: 59-2949864 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SMITH, KAREN J
1292 CEDAR CENTER DRIVE
TALLAHASSEE, FL 32301 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:	D	( ) Delete
Name:	THOMPSON, BLAYNE	
Address:	1336 BEN FRANKLIN DRIVE # 2F	
City-St-Zip:	SARASOTA, FL 34236	
Title:	VP	( ) Delete
Name:	KULBECKI, BETH	
Address:	319 SW 19TH LANE	
City-St-Zip:	CAPE CORAL, FL 33991	
Title:	T	( ) Delete
Name:	TRUEBLOOD, DENISE	
Address:	4347 28TH STREET SW	
City-St-Zip:	LEHIGH ACRES, FL 33971	
Title:	D	( ) Delete
Name:	FELIEIANO, NICK	
Address:	106 HANCOCK BRIDGE PKWY	
City-St-Zip:	CAPE CORAL, FL 33990	
Title:	D	( ) Delete
Name:	BOLT, NANCY	
Address:	6385 PRESIDENTIAL CT #104	
City-St-Zip:	FORT MYERS, FL 33919	
Title:	PE	( ) Delete
Name:	KANE, DAVE	
Address:	1510 HANCOCK BRIDGE PK # 5	
City-St-Zip:	CAPE CORAL, FL 33990	

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 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: DENISE TRUEBLOOD T 02/01/2006

Electronic Signature of Signing Officer or Director — Date