

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2008 8:00 am
Secretary of State

01-29-2008 90013 026 ****61.25

DOCUMENT # N22498 1. Entity Name SUNCOAST CHAPTER OF THE FLORIDA ASSOCIATION OF MORTGAGE BROKERS, INC.					
Principal Place of Business 1978 SO. TAMiami TRAIL SUITE 4 VENICE, FL 34293				Mailing Address P.O. BOX 6477-1292 CEDAR CENTER DR. TALLAHASSEE, FL 32314 32301-4876	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip 		3. Mailing Address Suite, Apt. #, etc. City & State Zip 			
4. FEI Number 65-0056318				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WORDELL SMITH, KAREN C. CIONE, FRANK 1292 CEDAR CENTER DRIVE TALLAHASSEE, FL 32301			7. Name and Address of New Registered Agent Name CIONE, FRANK 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BARNES, SHAUN P.O. BOX 1111 ANNA MARIA, FL 34216	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BARNES, SHAUN P.O. BOX 14189 BRADENTON, FL 34280	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KENNEDY, MARGARET 1223 S. TAMiami TRAIL SARASOTA, FL 34239	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MARGARET KENNEY 6515 42ND ST. E. SARASOTA FL 34243	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JEDNAK, VICKI 4716 50TH AVENUE W BRADENTON, FL 34210	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Scott Moser 1978 SO. TAMiami TR VENICE, FL 34293	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KOWALCZYK, DARLENE 1978 SO. TAMiami TRAIL VENICE, FL 34293	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TRACI NAGLE 2714 GROVE ST SARASOTA FL 34239	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RICHARDS, SHAUN 9 OLD TRAIL RD ENGLEWOOD, FL 34223	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Judi Fusco 4312 DUTTILY RD NO. PORT FL 34287	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BITNER, SHERRY 5765 FORESTER OAK CT SARASOTA, FL 34243	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AARON FOREMAN 1978 SO. TAMiami TR VENICE FL 34293	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u><i>Darlene Kowalczyk</i></u> 941-4969800 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: 1/24/08 Daytime Phone #</small>					

ATTACHMENT

40012301
N22498

Additions

D
Donna Carden
4940 Hidden Oaks Lane
Sarasota, Fl. 34232

D
Beth Gill
8109 Glenbrooke Pl.
Sarasota, Fl. 34243

D
Michael O'Keefe
1549 Ringling Blvd.
Sarasota, Fl. 34236

D
Scott Peretz
P.O. Box 17431
Englewood, Fl. 34295

D
Lance Williams
11220 Beebalm Circle
Bradenton, Fl. 34202