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FILED
May 14 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N22499 (0)

1. Corporation Name

VOLUSIA CHAPTER OF THE FLORIDA ASSOCIATION OF MORTGAGE BROKERS, INC.

Principal Place of Business

687 BEVILLE ROAD
SOUTH DAYTONA FL 32219
US

Mailing Address

687 BEVILLE ROAD
SOUTH DAYTONA FL 32219
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

BRIDGES, LORENE
1274 PAUL RUSSELL RD
STE 1
TALLAHASSEE FL 32301

3. Date Incorporated or Qualified
09/15/1987

3a. Date of Last Report
08/01/1996

4. FEI Number
59-2892410

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME ~~DEAGLE~~
STREET ADDRESS ~~CACOLE, CHRISTY~~
CITY-ST-ZIP ~~140 S ATLANTIC AVENUE~~
~~ORMOND BEACH FL~~

TITLE ☒ DELETE
NAME DP
STREET ADDRESS SIMONEAU, BILLIE JO
CITY-ST-ZIP 1450 S WOODLAND BLVD
DELAND FL

TITLE ☐ DELETE
NAME D
STREET ADDRESS SPEARMAN, MARY
CITY-ST-ZIP 733 BEVILLE RD
S DAYTONA FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME ~~CHRISTY CACOLE~~
1.3 STREET ADDRESS ~~140 S ATLANTIC AVENUE~~
1.4 CITY-ST-ZIP ~~ORMOND BEACH, FL 32174~~

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME DP
2.3 STREET ADDRESS WARREN SCHWARTZ
2.4 CITY-ST-ZIP 1 FARRAR LANE SUITE 203
PALM BEACH, FL 33481

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

CR2E037 (9/96)