FILED
May 06, 2002 8:00 am
Secretary of State
05-06-2002 90182 046 ****61.25

NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N22499

647455

1. Entity Name
Volusia Chapter of The Florida Association of Mortgage Brokers, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2990 S. Atlantic Ave	1292 Cedar Center Drive
Suite, Apt. #, etc.: 2ND Floor	Suite, Apt. #, etc.
City & State: Daytona Beach Shores, FL	City & State: Tallahassee FL
Zip: 32118 Country: USA	Zip: 32301 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-2892410 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Karen Wordell Smith
Street Address (P.O. Box Number is Not Acceptable): 1292 Cedar Center Drive
Suite 1
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.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FEE IS $61.25
Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	P/D	TITLE	
NAME	Andrew G. Kokitus	NAME	
STREET ADDRESS	21 S. Peninsula Drive	STREET ADDRESS	
CITY-ST-ZIP	Daytona Beach FL 32118	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	Christy Cagle	NAME	
STREET ADDRESS	140 S. Atlantic Ave	STREET ADDRESS	
CITY-ST-ZIP	Ormond Beach FL 32176	CITY-ST-ZIP	
TITLE	DIT	TITLE	
NAME	Yvonne Farara	NAME	
STREET ADDRESS	2990 S. Atlantic Avenue	STREET ADDRESS	
CITY-ST-ZIP	Daytona Beach Shores, FL 32118	CITY-ST-ZIP	**DO NOT WRITE**
TITLE	D	TITLE	
NAME	Cindy Maul	NAME	**IN THIS SPACE**
STREET ADDRESS	2990 S. Atlantic Ave	STREET ADDRESS	
CITY-ST-ZIP	Daytona Beach FL 32118	CITY-ST-ZIP	
TITLE	D/S	TITLE	
NAME	Cindy Hughes	NAME	
STREET ADDRESS	2990 S. Atlantic Ave	STREET ADDRESS	
CITY-ST-ZIP	Daytona Beach Shores, FL 32118	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E037B (12/01)

12. I 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 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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 4/26/02 386 615 0555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #