

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N22499

FILED
Aug 03, 2006
Secretary of State

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

Current Principal Place of Business:

1292 CEDAR CENTER BLVD.
SUITE 1
TALLAHASSEE, FL 32301 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 6477
TALLAHASSEE, FL 32314 US

New Mailing Address:

FEI Number: 59-2892410 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

SMITH, KAREN WORDELL
1292 CEDAR CENTER DRIVE
SUITE 1
TALLAHASSEE, FL 32301 US

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: PRES () Delete
Name: NEWELL, KATHLEEN A
Address: 125 MASON AVENUE
City-St-Zip: DAYTONA BEACH, FL 32117

Title: PE () Delete
Name: TACINELLI, MIKE
Address: 140 SOUTH ATLANTIC AVENUE
City-St-Zip: ORMOND BEACH, FL 32176

Title: VP () Delete
Name: YOUNG, HAROLD
Address: 555 W. GRANADA BLVD
City-St-Zip: ORMOND BEACH, FL 32174

Title: D () Delete
Name: MARY, SPEARMAN
Address: 687 BEVILLE ROAD, SUITE C
City-St-Zip: DAYTONA BEACH, FL 32119

Title: D () Delete
Name: MYERS, RUSS
Address: 5889 SOUTH WILLIAMSON BLVD.
City-St-Zip: PORT ORANGE, FL 32128

Title: D () Delete
Name: MAUL, CINDI
Address: 5889 SOUTH WILLIAMSON BLVD.
City-St-Zip: PORT ORANGE, FL 32128

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: KATHLEEN A. NEWELL

PRES

08/03/2006

Electronic Signature of Signing Officer or Director

Date