2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N28872

FILED Feb 15, 2007 Secretary of State

Entity Name: MORTGAGE BANKERS ASSOCIATION OF JACKSONVILLE, INC.

Current Principal Place of Business: New Principal Place of Business:

200 WEST FORSYTH STREET 1400

JACKSONVILLE, FL 32202 US

Current Mailing Address: New Mailing Address:

3545-1 ST JOHNS BLUFF RD S PMB 165 JACKSONVILLE, FL 32214

FEI Number: 59-2921763 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MILLER, FRANK E. 200 WEST FORSYTH STREET, SUITE 1400 JACKSONVILLE, FL 32202 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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES () Delete Title: PRES (X) Change () Addition

 Name:
 HILL, ARTHUR J
 Name:
 GALLITZ, SHERRY M

 Address:
 11223 STONEY POINT LANE W
 Address:
 320 IVY LAKES DRIVE

 City-St-Zip:
 JACKSONVILLE, FL 32257
 City-St-Zip:
 JACKSONVILLE, FL 32259

Title: TREA () Delete Title: () Change () Addition

 Name:
 POPE, THERESA
 Name:

 Address:
 3450 BUSCHWOOD PARK DRIVE, SUITE 300
 Address:

 City-St-Zip:
 TAMPA, FL 33618
 City-St-Zip:

 Name:
 GALLITZ, SHERRY
 Name:
 SANTILLO, BILL

 Address:
 320 IVY LAKES DRIVE
 Address:
 408 BELL BRANCH LANE

 City-St-Zip:
 JACKSONVILLE, FL 32259
 City-St-Zip:
 JACKSONVILLE, FL 32259

Title: SEC () Delete Title: SEC (X) Change () Addition

 Name:
 COOPER, TONI
 Name:
 PAGE, GEORGANNA

 Address:
 5775 PEACHTREE DUNWOODY ROAD
 Address:
 7159 CORKLAN DRIVE

 City-St-Zip:
 ATLANTA, GA 30342 15
 City-St-Zip:
 JACKSONVILLE, FL 32258

Title: CHM () Delete Title: CHM (X) Change () Addition

Name: STAYER, KEITH Name: HILL, ARTHUR

Address: 10407 CENTURION PARKWAY Address: 11223 STONEY POINT LANE W
City-St-Zip: JACKSONVILLE, FL 32256 City-St-Zip: JACKSONVILLE, FL 32257

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: SHERRY GALLITZ PRES 02/15/2007