2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N28872

FILED May 12, 2009 Secretary of State

Entity Name: MORTGAGE BANKERS ASSOCIATION OF JACKSONVILLE, INC.

Current P	rincipal Place of Business:	New Principal Place of Business:
	FRILL ROAD	3545-1 ST JOHNS BLUFF RD S
JACKSON	IVILLE, FL 32258 US	PMB 165 JACKSONVILLE, FL 32214 US
Current M	lailing Address:	New Mailing Address:
0545 1 QT	TOUNG BLUEE DD G	
PMB 165	JOHNS BLUFF RD S IVILLE, FL 32214	
FEI Number	: 59-2921763 FEI Number Applied For () FEI I	Number Not Applicable () Certificate of Status Desired ()
	ce with s. 607.193(2)(b), F.S., the corporation did not receive	
Name and	Address of Current Registered Agent:	Name and Address of New Registered Agent:
12637 [°] ATT	IERESA C IRILL ROAD IVILLE, FL 32258 US	
	named entity submits this statement for the purpose e of Florida.	e of changing its registered office or registered agent, or both,
SIGNATUR	RE:	
	Electronic Signature of Registered Agent	Date
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR
Γitle:	PRES () Delete	Title: () Change () Addition
Name:	POPE, THERESA C	Name:
\ddress: Dity-St-Zip:	12637 ATTRILL ROAD JACKSONVILLE, FL 32258	Address: City-St-Zip:
oity of Zip.	ONOROGIVELL, I L. 32230	ony of zip.
ītle:	TREA () Delete	Title: TREA (X) Change () Addition
Name:	COOK, MARK	Name: COOK, MARK
Address: Dity-St-Zip:	31 LUPI COURT, SUITE 150 PALM COAST, FL 32137	Address: 12217 LASHBROOK COURT City-St-Zip: JACKSONVILLE, FL 32223
oity-ot-zip.	FALMICOACI, I E 32137	City-St-Zip. DACKSONVILLE, I E 32223
Γitle:	V PR () Delete	Title: () Change () Addition
lame:	JONES, KENNETH	Name:
\ddress:	8100 NATIONS WAY	Address:
City-St-Zip:	JACKSONVILLE, FL 32256	City-St-Zip:
Γitle:	SEC () Delete	Title: () Change () Addition
Name:	SANTA MARIA, DENISE	Name:
\ddress:	1601 MARKET STREET	Address:
City-St-Zip:	PHILADELPHIA, PA 19103	City-St-Zip:
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I hereby certify that the information supplied with this filing does not qualify 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: MARK COOK MR. 05/12/2009