

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N28872

FILED  
Mar 07, 2011  
Secretary of State

**Entity Name:** MORTGAGE BANKERS ASSOCIATION OF JACKSONVILLE, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**FEI Number:** 59-2921763

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

JONES, KENNETH L  
8211 CYPRESS PLAZA DRIVE  
103  
JACKSONVILLE, FL 32256 US

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

SHOEMAKER, ALISON R  
601 RIVERSIDE AVENUE  
JACKSONVILLE, FL 32204 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: ALISON R. SHOEMAKER

03/07/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: SHOEMAKER, ALISON R  
Address: 601 RIVERSIDE AVENUE  
City-St-Zip: JACKSONVILLE, FL 32204

Title: TREA  
Name: GORDON, TINA  
Address: 12208 CARLSBAD LANE  
City-St-Zip: JACKSONVILLE, FL 32223

Title: SEC  
Name: NOVOTNY, TROY  
Address: 9000 SOUTHSIDE BLVD. BLDG 600  
City-St-Zip: JACKSONVILLE, FL 32256

I hereby 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 all other like empowered.

SIGNATURE: ALISON R SHOEMAKER

PRES

03/07/2011

Electronic Signature of Signing Officer or Director

Date