2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008
Secretary of State

DOCUMENT# N29476

Entity Name: MORTGAGE BANKERS ASSOCIATION OF TALLAHASSEE, INC.

Current Principal Place of Business:

3233 THOMASVILLE ROAD
TALLAHASSEE, FL 32312 US

New Principal Place of Business:

Current Mailing Address:

3233 THOMASVILLE ROAD
TALLAHASSEE, FL 32312 US

New Mailing Address:

FEI Number: 59-2934382 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ARBULU, MARIANNE
1530 METROPOLITAN BLVD STEM
TALLAHASSEE, FL 32308 US

Name and Address of New Registered Agent:

GAVER, PAT
3233 THOMASVILLE ROAD
TALLAHASSEE, FL 32308 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: PAT GAVER 01/14/2008
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: GAVER, PAT
Address: 2051 THOMASVILLE
City-St-Zip: TALLAHASSEE, FL 32308

Title: P ( ) Delete
Name: ARBULU, MARIANNE
Address: 1530 METROPOLITAN BLVD STE M
City-St-Zip: TALLAHASSEE, FL 32308

Title: T ( ) Delete
Name: ANDERSON, KRISTI
Address: 3233 THOMASVILLE RD
City-St-Zip: TALLAHASSEE, FL 32308

Title: S ( ) Delete
Name: SWARTZ, TISA
Address: 1997 CAPITAL CIR NE
City-St-Zip: TALLAHASSEE, FL 32308

Title: PP ( ) Delete
Name: LANE, GREG
Address: 383 THORNBERG DRIVE
City-St-Zip: TALLAHASSEE, FL 32312

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: RALSTIN, JAY
Address: 1701 HERMITAGE BLVD
City-St-Zip: TALLAHASSEE, FL 32308

Title: PP (X) Change ( ) Addition
Name: ARBULU, MARIANNE
Address: 1530 METROPOLITAN BLVD STE M
City-St-Zip: TALLAHASSEE, FL 32308

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change ( ) Addition
Name: PAUL, JOANNA
Address: 1401 MICOSUKEE ROAD 2ND FLOOR
City-St-Zip: TALLAHASSEE, FL 32308

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: PAT GAVER P 01/14/2008
Electronic Signature of Signing Officer or Director Date