

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N51233 (7)

1. Corporation Name

THE FLORIDA RMA SCHOOL OF COMMERCIAL LENDING, IN
C.



Principal Place of Business

Mailing Address

225 WATER STREET
JACKSONVILLE FL 32202

% R.D. BRIDGES
225 WATER ST.
JACKSONVILLE FL 32202
US

3. Date Incorporated or Qualified
10/09/1992

3a. Date of Last Report
01/30/1995

2. Principal Place of Business

2a. Mailing Address

21

26 c/o R. D. Bridges, FUNB

4. FEI Number
59-3201078

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27 225 Water St., MC FL 0565

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

City & State

City & State

23

28 Jacksonville, Florida

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24

25

29 32202

30

USA

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BRIDGES, ROBERT D
225 WATER STREET
JACKSONVILLE FL 32202

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME
D HOLT, RAY
STREET ADDRESS
200 E. BROWARD BLVD., 9TH FLOOR
CITY-ST-ZIP
FT. LAUDERDALE FL

1.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
D EMMANUEL, CHRISTY
STREET ADDRESS
1000 CENTURY PARK DRIVE
CITY-ST-ZIP
TAMPA FL

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
PSD LARABEE, STACEY
STREET ADDRESS
200 S ORANGE AVENUE
CITY-ST-ZIP
ORLANDO FL

3.1 TITLE ☒ Change ☐ Addition

TITLE ☐ DELETE

NAME
D BRIDGES, ROBERT D
STREET ADDRESS
225 WATER ST., MC FL 0565
CITY-ST-ZIP
JACKSONVILLE FL

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
D OSTERMAYER, LARRY
STREET ADDRESS
205 N. PARROTT AVENUE
CITY-ST-ZIP
OKEECHOBEE FL

5.1 TITLE ☐ Change ☐ Addition

TITLE ☒ DELETE

NAME
D YOUNG, CRAIG
STREET ADDRESS
25 W FLAGLER STREET
CITY-ST-ZIP
MIAMI FL

6.1 TITLE ☐ Change ☒ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Robert D. Bridges, Director

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/96

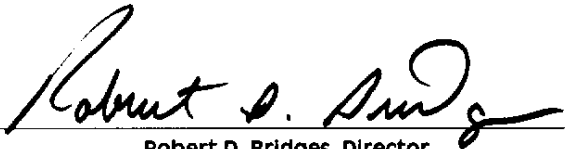
(904) 361-3404

Date

Daytime Phone

CR2E037 (12/95)

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (Continued)				
7.1 Title	D	<input type="checkbox"/>	Change	<input checked="" type="checkbox"/> Addition
7.2 Name	David Wesley			
7.3 Street Address	2051 Thomasville Road			
7.4 City ST-Zip	Tallahassee, FL 32312			
8.1 Title	S/D	<input type="checkbox"/>	Change	<input checked="" type="checkbox"/> Addition
8.2 Name	Donna Barstow			
8.3 Street Address	800 N. Magnolia Avenue			
8.4 City ST-Zip	Orlando, FL 32083			
9.1 Title	D	<input type="checkbox"/>	Change	<input checked="" type="checkbox"/> Addition
9.2 Name	Frank Burke			
9.3 Street Address	111 Second Avenue, N.E.			
9.4 City ST-Zip	St. Petersburg, FL 33701			


 Robert D. Bridges, Director

1/26/96
 Date