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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N97000001875

1. Corporation Name

**NATURE COAST CHAPTER OF THE FLORIDA ASSOCIATION
OF MORTGAGE BROKERS, INC.**

Principal Place of Business

**1282 PAUL RUSSELL ROAD
TALLAHASSEE FL 32301
US**

Mailing Address

**PO BOX 6477
TALLAHASSEE FL 32314-6477
US**



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

03/25/1997

4. FEI Number

59-3440448

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

**BRIDGES, LORENE M
1282 PAUL RUSSELL ROAD
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name **KAREN J WORDELL SMITH**
82 Street Address (P.O. Box Number is Not Acceptable)
1292 CEDAR CENTER DR
83
84 City **TALLAHASSEE** **FL** **85** Zip Code **32301**

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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **FULLER, JOHN A**
STREET ADDRESS **5623 U.S. HIGHWAY 19 #150**
CITY-ST-ZIP **NEW PORT RICHEY FL 34652**

TITLE **D** ☐ DELETE
NAME **NAGY, ALBERT N**
STREET ADDRESS **POST OFFICE BOX 457**
CITY-ST-ZIP **HOMOSASSA SPRINGS FL 34447**

TITLE **D** ☐ DELETE
NAME **LENNON, GORDON F**
STREET ADDRESS **7711 GRAND BOULEVARD**
CITY-ST-ZIP **PORT RICHEY FL 34668**

TITLE **D** ☐ DELETE
NAME **EMSLIE, PETER J**
STREET ADDRESS **5623 U.S. HIGHWAY 19 #150**
CITY-ST-ZIP **NEW PORT RICHEY FL 34652**

TITLE **D** ☐ DELETE
NAME **JEAN CREAMER**
STREET ADDRESS **1300 N. U.S. Hwy 41, Suite G**
CITY-ST-ZIP **INTERNESS, FL 34450**

TITLE **D** ☐ DELETE
NAME **DENISE VARNY**
STREET ADDRESS **1 NW Highway 19**
CITY-ST-ZIP **Crystal River, FL 34428**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS **8643 REGENCY PARK BLVD**
4.4 CITY-ST-ZIP **PORT RICHEY, FL 34668**

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME
5.3 STREET ADDRESS **JEAN CREAMER**
5.4 CITY-ST-ZIP **1300 N. U.S. Hwy 41, Suite G**
INTERNESS, FL 34450

6.1 TITLE ☐ Change ☒ Addition
6.2 NAME
6.3 STREET ADDRESS **DENISE VARNY**
6.4 CITY-ST-ZIP **1 NW Highway 19**
CRYSTAL RIVER, FL 34428

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)