

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # N9700001875

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

Principal Place of Business							
1282-34 PAUL RUSSELL ROAD TALLA HASSEE FL 32301							

Mailing Address

PO BOX 6477

FILED Mar 06, 1999 8:00 am § Secretary of State

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39. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent 81 Namp Rul Name and Address of New Registered Agent 82 Street Address (P. O. Box Number is New Agastated Agent Name Address of New Registered Agent N		Country		Coun	try	6. Election Campaign Financing	_ \$5	DΩ May Re
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 11. Name 1282 PAUL RUSSELL ROAD TALLAHASSEE FL 32301 12. Separate had green by the Composition submits this statement for the purpose of changing its registered agent. It is marginer-wise and accept the obligations of Sections 617 0502 and 617 1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. It is marginer-wise and accept the obligations of Section 617 0502 and 617 1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. It is marginer-wise and accept the obligations of Section 617 0502 and 617 1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. It is marginer-wise and accept the obligations of Section 617 0502 point and the state of Florida. Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. It is marginer-wise and accept the obligations of Section 617 0502 point and the state of Florida. Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. It is marginer-wise and accept the obligations of Sections 617 0502 point and the state of Florida. Statutes, the corporation submits this statement for the purpose of changing its registered deficiency. It is corporation submits this statement for the purpose of changing its registered deficiency. It is corporation submits this statement for the purpose of changing its registered deficiency. It is corporation submits this statement for the purpose of changing its registered deficiency. It is corporation assumits this statement for the purpose of changing its registered deficiency. It is corporation assumits this statement for the purpose of changing its registered deficiency. It is corporation assumits this statement for the purpose of changing its	·		⊢			· · · ·	11	
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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 epiporitment as registered agent, or and accept the obligations of Social not 7.5005, include Statutes. SIGNATURE SIGNATURE SIGNATURE OFFICERS AND DIRECTORS 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE D D DELETE 1.1 TITLE D Change Addition of Change Addition	1282 PAU	L RUSSELL ROAD		1	32 Street Add	dress (P.O. Box Number is Not Acceptab	TER DI	2
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption ested 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 flat my signature shall have the same legal effect as if made under oath; that I am an officer or director of the conforation 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: