## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N97000001884

FILED May 01, 2005 Secretary of State

Entity Name: NORTHWEST CHAPTER OF THE FLORIDA ASSOCIATION OF MORTGAGE BROKERS INC.

Current Principal Place of Business:			New Principal Place of Business:	
	AR CENTER SSEE, FL 32301	US		
Current M	lailing Address:		New Mailing A	ddress:
PO BOX 6 TALLAHA:	8477 SSEE, FL 32314	US		
n accordan	ce with s. 607.193(2)(	El Number Applied For() FEI b), F.S., the corporation did not rece ent Registered Agent:		e() Certificate of Status Desired()
WORDEL 1292 CED	L-SMITH, KAREN AR CENTER SSEE, FL 32301	US	Name and Add	iless of New Registered Agent.
	e named entity subr e of Florida.	nits this statement for the purpos	se of changing its req	gistered office or registered agent, or both,
SIGNATU	RE:			
	Electronic S	ignature of Registered Agent		Date
OFFICER	S AND DIRECTOR	RS:	ADDITIONS/CH	HANGES TO OFFICERS AND DIRECTORS
T: ( )	PE () Dele	ete	Title:	( ) Change ( ) Addition
√ame: √ddress:	NEELY, MICHELLE 3298 SUMMITT BLV PENSACOLA, FL 32	·	Name: Address: City-St-Zip:	
Name: Address: City-St-Zip: Fitle: Name: Address:	3298 SUMMITT BLV	2503 ste STE 1	Address:	()Change ()Addition
Name: Address: Dity-St-Zip: Fitle: Name: Address: Dity-St-Zip: Fitle: Name: Address:	3298 SUMMITT BLV PENSACOLA, FL 32 D ( ) Dele GILMORE, MIKE 4300 BAYOU BLVD	2503 ete STE 1 2503 ete , STE 19	Address: City-St-Zip: Title: Name: Address:	( ) Change ( ) Addition ( ) Change ( ) Addition
Fitle: Name: Address: City-St-Zip: Fitle: Name: Address: City-St-Zip: Fitle: Name: Address: City-St-Zip: Fitle: Name: Address: City-St-Zip: City-St-Zip: City-St-Zip: Name: Address: City-St-Zip: City-St-Zip: City-St-Zip:	3298 SUMMITT BLV PENSACOLA, FL 32  D ( ) Dele GILMORE, MIKE 4300 BAYOU BLVD PENSACOLA, FL 32  T ( ) Dele POULE, JAMES 4400 BAYOU BLVD.	2503 ete STE 1 2503 ete , STE 19 2503 US	Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	
Name: Address: Dity-St-Zip: Fitle: Name: Address: Dity-St-Zip: Fitle: Name: Address: Dity-St-Zip: Fitle: Name: Address: Address: Address: Address:	3298 SUMMITT BLV PENSACOLA, FL 32  D () Dele GILMORE, MIKE 4300 BAYOU BLVD PENSACOLA, FL 32  T () Dele POULE, JAMES 4400 BAYOU BLVD. PENSACOLA, FL 32  PD () Dele COLLINS, CHARLOT 3102 THOMAS DR	2503 ete STE 1 2503 ete , STE 19 2503 US ete TTE CH, FL 32408 ete LVD.	Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: Address: Address:	()Change ()Addition

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JILL WALLER S 05/01/2005