04221999-90073-021-$70.00-$70.00

FILED
Apr 22, 1999 8:00 am
Secretary of State
04-22-1999 90073 021 ****70.00

NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # **N98000003817**

1. Corporation Name
TREASURE COAST CHAPTER OF THE FLORIDA ASSOCIATIO N OF MORTGAGE BROKERS, INC.

Principal Place of Business	Mailing Address
759 S. FEDERAL HWY., SUITE 215 STUART FL 34994	759 S. FEDERAL HWY., SUITE 215 STUART FL 34994

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

3. Date Incorporated or Qualified: 06/30/1998

4. FEI Number: ~~65-0822660~~ EIN — ☐ 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~~ KA
~~1292 PAUL RUSSELL RD.~~
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: T
84 City: TALLAHASSEE — 85 FL — 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: Karen J Wordell-Smith — 2/24/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	PERRI, THOMAS J		1.2 NAME		
STREET ADDRESS	665 SE WHITMORE DR.		1.3 STREET ADDRESS		
CITY-ST-ZIP	PORT ST. LUCIE FL 34984		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	BUNDY, MICHELLE D		2.2 NAME		
STREET ADDRESS	615 SW ST. LUCIE CRES.		2.3 STREET ADDRESS		
CITY-ST-ZIP	STUART FL 34994		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	BELKIN, ROLLAND		3.2 NAME		
STREET ADDRESS	1415 SW BLUEBIRD COVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	PORT ST. LUCIE FL 34986		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☒ Change ☐ Addition
NAME	MENDINHALL, CHARLES E		4.2 NAME	Mendinhall, Charles E.	
STREET ADDRESS	46 N. RIVER RD.		4.3 STREET ADDRESS	160 Alamanda Way	
CITY-ST-ZIP	STUART FL 34996		4.4 CITY-ST-ZIP	Stuart, FL 34996	
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	SIPPLE, RENE' L		5.2 NAME		
STREET ADDRESS	1815 LOFGREN AVE.		5.3 STREET ADDRESS		
CITY-ST-ZIP	PORT ST. LUCIE FL 34984		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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 REQUIRED~~ — 10 MARCH 99 — 561 879 4840
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

THOMAS J PERRI