


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2006 8:00 am
Secretary of State

02-17-2006 90085 047 ****70.00

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|--|---|---|---|--|--|
| DOCUMENT # N99000007647 1. Entity Name FLORIDA ASSOCIATION OF MORTGAGE BROKERS FOUNDATION, INC. | | | |  | |
| Principal Place of Business 1292 CEDAR CENTER DRIVE TALLAHASSEE, FL 32301 | | | Mailing Address P.O. BOX 6477 TALLAHASSEE, FL 32314 | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | | 3. Mailing Address Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | | Country | | 4. FEI Number 59-3616963 | |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | | \$8.75 Additional Fee Required | | | |
| 6. Name and Address of Current Registered Agent WORDELL-SMITH, KAREN J 1292 CEDAR CENTER DRIVE TALLAHASSEE, FL 32301 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2006 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PPD LOVE, KATHY R 8651 PEBBLE CREEK LANE JACKSONVILLE, FL 32256 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD WORDELL-SMITH, KAREN J 1292 CEDAR CENTER DRIVE TALLAHASSEE, FL 32301 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D FOSTER, DONNA 5889 WILLIAMSON BOULEVARD, SUITE 203 PORT ORANGE, FL 32128 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD ESKEW, FRAN 375 DOUGLAS AVENUE, SUITE 1010 ALTAMONTE SPRINGS, FL 32714 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD SPEARMAN, MARY 687 BEVILLE ROAD, #C SOUTH DAYTONA, FL 32119 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD COLLYER, JERRY 5634 SILVER SPUR DRIVE HOLIDAY, FL 34690 | <input type="checkbox"/> Delete | | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | | | |
| SIGNATURE: <i>Karen J. Wardell-Smith</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | 2/7/2006 Date | | (850) 942-6411 Daytime Phone # | |
| KAREN J. WORDELL-SMITH | | | | | |