

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000007647

FILED
Jan 09, 2007
Secretary of State

Entity Name: FLORIDA ASSOCIATION OF MORTGAGE BROKERS FOUNDATION, INC.

Current Principal Place of Business:

1292 CEDAR CENTER DRIVE
TALLAHASSEE, FL 32301

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 6477
TALLAHASSEE, FL 32314

New Mailing Address:

1292 CEDAR CENTER DRIVE
TALLAHASSEE, FL 32301

FEI Number: 59-3616963

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WORDELL-SMITH, KAREN J
1292 CEDAR CENTER DRIVE
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

GROSVENOR, MELISSA A
1292 CEDAR CENTER DRIVE
TALLAHASSEE, FL 32301 US

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.

SIGNATURE: MELISSA A. GROSVENOR

01/09/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PPD () Delete
Name: LOVE, KATHY R
Address: 8651 PEBBLE CREEK LANE
City-St-Zip: JACKSONVILLE, FL 32256

Title: TD () Delete
Name: WORDELL-SMITH, KAREN J
Address: 1292 CEDAR CENTER DRIVE
City-St-Zip: TALLAHASSEE, FL 32301

Title: D () Delete
Name: FOSTER, DONNA
Address: 5889 WILLIAMSON BOULEVARD, SUITE 203
City-St-Zip: PORT ORANGE, FL 32128

Title: PD () Delete
Name: ESKEW, FRAN
Address: 375 DOUGLAS AVENUE, SUITE 1010
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: SD () Delete
Name: SPEARMAN, MARY
Address: 687 BEVILLE ROAD, #C
City-St-Zip: SOUTH DAYTONA, FL 32119

Title: VD () Delete
Name: COLLYER, JERRY
Address: 5634 SILVER SPUR DRIVE
City-St-Zip: HOLIDAY, FL 34690

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PPD (X) Change () Addition
Name: LOVE, KATHY
Address: 8651 PEBBLE CREEK LANE
City-St-Zip: JACKSONVILLE, FL 32256

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: WHEELER, SONJA
Address: 551 SANDY HOOK ROAD
City-St-Zip: TREASURE ISLAND, FL 33706

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: SPEARMAN, MARY
Address: 4645 CLYDE MORRIS BOULEVARD, SUITE 409
City-St-Zip: PORT ORANGE, FL 32129

Title: VD (X) Change () Addition
Name: KINIRY, SHIELA
Address: 2860 WEST STATE ROAD 84, SUITE 103
City-St-Zip: FT. LAUDERDALE, FL 33312

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: KAREN WORDELL-SMITH

TD

01/09/2007

Electronic Signature of Signing Officer or Director

Date