Amended

NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000058698

1. Entity Name
Florida Community Mortgage, Inc

FILED
03 DEC 31 AM 9:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1804 Miccasukee Commons Dr	1804 Miccasukee Commons Dr.
Suite, Apt. #, etc. Suite 202	Suite, Apt. #, etc. Suite 202
City & State Tallahassee, FLA	City & State Tallahassee, FL
Zip 32308 Country LEON	Zip 32308 Country LEON

DO NOT WRITE IN THIS SPACE

4. FEI Number 030466952 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Jeffery S. Shivers
Street Address (P.O. Box Number is Not Acceptable): 1804 Miccasukee Commons Dr.
Suite 202
City: Tallahassee FL Zip Code: 32308

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 _____ Jeffery Shivers 12/29/03
Signature of officer or director of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25
Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE P NAME Jeffrey S. Shivers STREET ADDRESS 1804 Miccasukee Commons Dr. Suite 202 CITY-ST-ZIP Tallahassee, FL 32308		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE V NAME Adam T. Bragg STREET ADDRESS 1804 Miccasukee Commons Dr. Suite 202 CITY-ST-ZIP Tallahassee, FL 32308		TITLE NAME STREET ADDRESS CITY-ST-ZIP	300025890723 12/31/03--01040--007 **61.25
TITLE S NAME Kimberly Shivers STREET ADDRESS 1804 Miccasukee Commons Dr. Suite 202 CITY-ST-ZIP Tallahassee, FL 32308		TITLE NAME STREET ADDRESS CITY-ST-ZIP	**DO NOT WRITE IN THIS SPACE**
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CR2E037B (12/02)

12. 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 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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Jeffery Shivers 12/29/03 8505230004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #