

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2005 8:00 am**  
**Secretary of State**

04-26-2005 90184 036 \*\*\*150.00

**DOCUMENT # P98000034868**

1. Entity Name  
**FIRST ATLANTIC MORTGAGE OF LAKE CITY, INC.**



Principal Place of Business  
**136 NORTH MARION AVENUE  
LAKE CITY, FL 32055 US**

Mailing Address  
**136 NORTH MARION AVENUE  
LAKE CITY, FL 32055 US**

2. Principal Place of Business

**885 SW Sisters Welcome Rd.**

3. Mailing Address

**885 SW Sisters Welcome Rd.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04212005

Chg-P

CR2E034 (10/03)

City & State

**Lake City, FL**

City & State

**Lake City, FL**

4. FEI Number

**59-3509097**

Applied For

Not Applicable

Zip

**32025**

Country

**USA**

Zip

**32025**

Country

**USA**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**KIRPACH, JOYCE  
RT. 14, BOX 668  
LAKE CITY, FL 32024**

7. Name and Address of New Registered Agent

Name **Deidra Vanover**

Street Address (P.O. Box Number is Not Acceptable)

**703 NW Wilson St.**

City **Lake City**

**FL**

Zip Code **32055**

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

*Deidra Vanover*

**Deidra Vanover**

**4/21/05**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **PRES** ☐ Delete  
NAME **BASS, DEBORAH F**  
STREET ADDRESS **ROUTE 12, BOX 518**  
CITY-ST-ZIP **LAKE CITY, FL 32025**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRES.** ☒ Change ☐ Addition  
NAME **Deborah F. Bass**  
STREET ADDRESS **223 SE Woodhaven St.**  
CITY-ST-ZIP **Lake City, FL 32025**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 607, 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:

*Deborah F. Bass* **Deborah F. Bass**

**4/21/05**

**386-752-9900**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #