

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 727253

**Entity Name:** NATIONAL ASSOCIATION OF MORTGAGE BROKERS, INC.

**FILED**  
**Jan 30, 2024**  
**Secretary of State**  
**7474844789CC**

**Current Principal Place of Business:**

601 PENNSYLVANIA AVE. NW  
SOUTH BUILDING SUITE 900  
WASHINGTON, DC 20004

**Current Mailing Address:**

601 PENNSYLVANIA AVE. NW  
SOUTH BUILDING SUITE 900  
WASHINGTON, DC 20004 US

**FEI Number: 59-1673989**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

REGISTERED AGENTS INC  
7901 4TH ST N STE 300  
ST. PETERSBURG, FL 33702 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            SAUNDERS, VALERIE  
Address        601 PENNSYLVANIA AVE. NW  
                  SOUTH BUILDING SUITE 900  
City-State-Zip: WASHINGTON DC 20004

Title            TREASURER  
Name            PARRY, JEFF  
Address        601 PENNSYLVANIA AVE. NW  
                  SOUTH BUILDING SUITE 900  
City-State-Zip: WASHINGTON DC 20004

Title            DIRECTOR  
Name            NABORS, JIM  
Address        601 PENNSYLVANIA AVE. NW  
                  SOUTH BUILDING SUITE 900  
City-State-Zip: WASHINGTON DC 20004

Title            DIRECTOR  
Name            ANDREWS, ROCKE  
Address        601 PENNSYLVANIA AVE. NW  
                  SOUTH BUILDING SUITE 900  
City-State-Zip: WASHINGTON DC 20004

Title            SECRETARY  
Name            DESANTIS, MIKE  
Address        601 PENNSYLVANIA AVE. NW  
                  SOUTH BUILDING SUITE 900  
City-State-Zip: WASHINGTON DC 20004

Title            DIRECTOR  
Name            WHITE, KIMBER  
Address        601 PENNSYLVANIA AVE. NW  
                  SOUTH BUILDING SUITE 900  
City-State-Zip: WASHINGTON DC 20004

*I hereby 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 all other like empowered.*

**SIGNATURE: VALERIE SAUNDERS**

**PRESIDENT**

**01/30/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date