2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2016
Secretary of State
CC3416912224

DOCUMENT# N09000011682

Entity Name: FLORIDA ASSOCIATION OF MITIGATION BANKERS, INC.

Current Principal Place of Business:

C/O MITIGATION MARKETING
1005 EDGEWATER DRIVE
ORLANDO, FL 32804

Current Mailing Address:

P.O. BOX 540285
ORLANDO, FL 32854

FEI Number: 27-1461801

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KILLINGER, LORI
315 S. CALHOUN STREET - STE. 830
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:

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	SECRETARY, DIRECTOR
Name	COLANGELO, VICTORIA
Address	P.O. BOX 540285
City-State-Zip:	ORLANDO FL 32854

Title	DIRECTOR
Name	GENTRY, TODD
Address	7836 CHERRY LAKE ROAD
City-State-Zip:	GROVELAND FL 34736

Title	VP, DIRECTOR
Name	STEVENS, GRAY
Address	2579 N. TOLDEDO BLVD.
City-State-Zip:	NORTH PORT FL 34289

Title	DIRECTOR
Name	HALE, ERNEST
Address	3168 US HWY 17 SUITE E
City-State-Zip:	FLEMING ISLAND FL 32003

Title	DIRECTOR
Name	COLBERT, WILLIAM
Address	1001 HEATHROW PARK LANE - STE. 4001
City-State-Zip:	LAKE MARY FL 32746

Title	PRESIDENT, DIRECTOR
Name	PAVELKA, RAY
Address	13041-2 MCGREGOR BLVD
City-State-Zip:	FT. MYERS FL 33919

Title	DIRECTOR, TREASURER
Name	PARTLOW, PETER
Address	34 E PINE ST
City-State-Zip:	ORLANDO FL 32801

Title	DIRECTOR
Name	O'NEAL, MICHELLEL
Address	2128 MOORES MILL RD SUITE B
City-State-Zip:	AUBURN FL 36830

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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: VICTORIA COLANGELO — 04/26/2016

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	ROSS, DON
Address	2579 N TOLEDO BLVD
City-State-Zip:	NORTH PORT FL 32489

Title	DIRECTOR
Name	BIRKITT, BEVERLY
Address	P.O. BOX 7240
City-State-Zip:	SUN CITY FL 33586

Title	DIRECTOR
Name	SALAFRIO, CARL
Address	1731 NW 6TH ST, STE D
City-State-Zip:	GAINESVILLE FL 32609