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Mar 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 716189 (6)

1. Corporation Name
FLORIDA BANKERS ASSOCIATION, INC.



Principal Place of Business Mailing Address

214 S. BRONOUGH ST.
TALLAHASSEE FL 32301
US

214 S. BRONOUGH ST.
TALLAHASSEE FL 32301-1705
US

3. Date Incorporated or Qualified 03/23/1954
3a. Date of Last Report 04/12/1996

2. Principal Place of Business 2a. Mailing Address

21 1001 Thomasville Rd. Suite, Apt. #, etc. 26 1001 Thomasville Rd. Suite, Apt. #, etc.

22 Suite 201 27 Suite 201

City & State City & State

23 Tallahassee FL 28 Tallahassee FL

Zip Country Zip Country

24 32302 25 US 29 32302 30 US

4. FEI Number 59-0563606 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

MILSTEAD, JOHN
214 SOUTH BRONOUGH STREET
TALLAHASSEE FL 32302-1380

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 1001 Thomasville Road
83 Suite 201
84 City Tallahassee FL 85 Zip Code 32302

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	T	<input type="checkbox"/> DELETE
NAME	MACMILLAN, REBECCA	
STREET ADDRESS	214 S. BRONOUGH ST.	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	BARTON, GLEN	
STREET ADDRESS	214 S. BRONOUGH ST.	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MILSTEAD, JOHN	
STREET ADDRESS	214 S. BRONOUGH ST.	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	SANCHEZ, ALEGANDRO M.	
STREET ADDRESS	214 S. BRONOUGH ST.	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HODNET, BYRON E.	
STREET ADDRESS	225 WATER STREET	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GOLDBERG, BARTON S	
STREET ADDRESS	301 41 ST	
CITY-ST-ZIP	MIAMI FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Corporate Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS	1001 Thomasville Road Suite 201	
1.4 CITY-ST-ZIP	Tallahassee FL 32302	
2.1 TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS	1001 Thomasville Road Suite 201	
2.4 CITY-ST-ZIP	Tallahassee FL 32302	
3.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS	1001 Thomasville Road, Suite 201	
3.4 CITY-ST-ZIP	Tallahassee FL 32302	
4.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Sanchez, Aleshandro M.	
4.3 STREET ADDRESS	1001 Thomasville Rd. Suite 201	
4.4 CITY-ST-ZIP	Tallahassee FL 32302	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Charlie Brinkley	
5.3 STREET ADDRESS	201 E. Pine St.	
5.4 CITY-ST-ZIP	Orlando FL 32801	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Rebecca MacMillan* Rebecca MacMillan, Corporate Sec. 3/13/97 224-2265

CR2E037 (9/96)