


FILE NOW: FILING FEE IS \$61.25

FILED  
May 08 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **716189** (6)

1. Corporation Name  
**FLORIDA BANKERS ASSOCIATION, INC.**



Principal Place of Business <b>1001 THOMASVILLE RD. STE. 201 TALLAHASSEE FL 32302 US</b>	Mailing Address <b>1001 THOMASVILLE RD. STE. 201 TALLAHASSEE FL 32302 US</b>	3. Date Incorporated or Qualified <b>03/23/1954</b>
		4. FEI Number <b>59-0563606</b>
		Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26 P.O. Box 11117</b>	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
City & State <b>23</b>	City & State <b>28 Tallahassee, FL</b>	7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Zip <b>24</b>	Country <b>29 32302</b>	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
		30 <b>USA</b>

9. Name and Address of Current Registered Agent <b>MILSTEAD, JOHN 1001 THOMASVILLE RD. STE. 201 TALLAHASSEE FL 32302</b>	10. Name and Address of New Registered Agent <b>81 Name Alejandro Sanchez 82 Street Address (P.O. Box Number is Not Acceptable) 1001 Thomasville Road #201 83 84 City Tallahassee FL 85 Zip Code 32303</b>
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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 is 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** *[Signature]* **DATE** **27 April 98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>CS</b>	<input checked="" type="checkbox"/> DELETE <b>MACMILLAN, REBECCA 1001 THOMASVILLE RD., STE. 201 TALLAHASSEE FL</b>	1.1 TITLE <b>T</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Thomas Kern 1001 Thomasville Rd #201 Tallahassee, FL 32303</b>
TITLE <b>Y</b>	<input type="checkbox"/> DELETE <b>BARTON, GLEN 1001 THOMASVILLE RD., STE. 201 TALLAHASSEE FL</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE <b>MILSTEAD, JOHN 1001 THOMASVILLE RD., STE. 201 TALLAHASSEE FL</b>	2.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>T</b>	<input type="checkbox"/> DELETE <b>SANCHEZ, ALEJANDRO M. 1001 THOMASVILLE RD. TALLAHASSEE FL</b>	2.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>D</b>	<input type="checkbox"/> DELETE <b>BRINKLEY, CHARLIE 201 E. PINE ST. ORLANDO FL</b>	2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE <b>GOLDBERG, BARTON S 301 41 ST MIAMI FL</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		3.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		3.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		4.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		4.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		5.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		5.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		6.2 NAME	<b>Rudy Schnupp</b>
		6.3 STREET ADDRESS	<b>4400 Congress Ave</b>
		6.4 CITY-ST-ZIP	<b>West Palm Beach, FL</b>

14. 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 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:** *[Signature]* **Thomas F. Kern** **4/27/98** **850-224-2265**

CR2E037 (10/97)