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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 723431

1. Corporation Name
FLORIDA BANKERS ASSOCIATION, INC.



Principal Place of Business 1001 THOMASVILLE ROAD TALLAHASSEE FL 32302-1360	Mailing Address 1001 THOMASVILLE ROAD TALLAHASSEE FL 32302-1360
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 05/17/1972
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1398673
City & State 23	City & State 28	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> Not Applicable
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent SANCHEZ, ALEJANDRO M 1001 THOMASVILLE ROAD TALLAHASSEE FL 32302-1360	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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11. Pursuant to the provisions of Sections 617.0502 and 617.0503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, to 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: *[Signature]* DATE: April 30-99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1.1 TITLE	3 SUPERVISOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAVIS, KIMBROUGH	1.2 NAME	Thomas Kerr
STREET ADDRESS	217 N. MONROE ST.	1.3 STREET ADDRESS	1001 Thomasville Road
CITY-ST-ZIP	TALLAHASSEE FL 32301	1.4 CITY-ST-ZIP	Tallahassee, FL 32303
TITLE	TD	2.1 TITLE	SUPERVISOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LOPEZ, MIRIAM	2.2 NAME	Bethany Corwin
STREET ADDRESS	48 EAST FLAGLER ST. 4TH FLOOR	2.3 STREET ADDRESS	1001 Thomasville Road
CITY-ST-ZIP	MIAMI FL 33131	2.4 CITY-ST-ZIP	Tallahassee, FL 32303
TITLE	D	3.1 TITLE	Assistant Chief of Police <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COLADO, GUY	3.2 NAME	Walter Dodson
STREET ADDRESS	1201 S ORLANDO AVE	3.3 STREET ADDRESS	us highway 215
CITY-ST-ZIP	WINTER PARK FL	3.4 CITY-ST-ZIP	Crawfordville FL 32327
TITLE	S	4.1 TITLE	DT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GRADY, JEFFREY	4.2 NAME	Rudy Schwapp
STREET ADDRESS	420 E. JEFFERSON STREET, SUITE 106	4.3 STREET ADDRESS	450 S. Australinn Ave
CITY-ST-ZIP	TALLAHASSEE FL	4.4 CITY-ST-ZIP	West Palm Beach 33401
TITLE	PD	5.1 TITLE	
NAME	PRICE, STEVE	5.2 NAME	
STREET ADDRESS	1400 N. 15TH STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	IMMOKALEE FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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, with all other like empowered.

SIGNATURE: *[Signature]* DATE: 850-224-2265

CR2E037 (11/98)