

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 723431

Entity Name: FLORIDA BANKERS ASSOCIATION, INC.

FILED  
Apr 23, 2004  
Secretary of State

**Current Principal Place of Business:**

1001 THOMASVILLE ROAD  
TALLAHASSEE, FL 323021360

**New Principal Place of Business:**

**Current Mailing Address:**

1001 THOMASVILLE ROAD  
TALLAHASSEE, FL 323021360

**New Mailing Address:**

FEI Number: 59-1398673

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SANCHEZ, ALEJANDRO M  
1001 THOMASVILLE ROAD  
TALLAHASSEE, FL 323021360 US

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

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

**OFFICERS AND DIRECTORS:**

Title: V ( ) Delete  
Name: KERR, THOMAS  
Address: 1001 THOMASVILLE RD  
City-St-Zip: TALLAHASSEE, FL 32313

Title: D (X) Delete  
Name: DARGAN, THOMAS H  
Address: 444 SEABREEZE BLVD SUITE 100  
City-St-Zip: DAYTONA BEACH, FL 32118

Title: V ( ) Delete  
Name: CORUM, BETHANY  
Address: 1001 THOMASVILLE RD  
City-St-Zip: TALLAHASSEE, FL 32303

Title: PD ( ) Delete  
Name: SMITH, JERRY  
Address: 15000 NW 140TH STREET  
City-St-Zip: ALACHUA, FL 32615

Title: D ( ) Delete  
Name: FIELDS, MIKE  
Address: 315 SOUTH CALHOUN STREET  
City-St-Zip: TALLAHASSEE, FL 32302

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: THOMAS F. KERR

V

04/23/2004

Electronic Signature of Signing Officer or Director

Date