

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 723431

FILED
Apr 09, 2007
Secretary of State

Entity Name: FLORIDA BANKERS ASSOCIATION, INC.

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: JORDAN, LESLEY
Address: 1001 THOMASVILLE RD
City-St-Zip: TALLAHASSEE, FL 32303

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

Title: D () Delete
Name: COCHRAN VIROSTTEK, GWYNN
Address: 240 E PALMETTO PARK RD 2ND FLOOR
City-St-Zip: BOCA RATON, FL 33432

Title: D () Delete
Name: WILLIAMS, JERRY J
Address: 3838 TAMiami TRAIL NORTH
City-St-Zip: NAPLES, FL 34103

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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: LESLEY JORDAN

CFO

04/09/2007

Electronic Signature of Signing Officer or Director

Date