2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 723431

Entity Name: FLORIDA BANKERS ASSOCIATION, INC.

FILED Apr 10, 2008 Secretary of State

Current Pi	rincipal Place	of Business:	New Princ	New Principal Place of Business:	
	MASVILLE ROA SSEE, FL 3230				
Current Mailing Address:			New Mailir	New Mailing Address:	
	MASVILLE ROA SSEE, FL 3230				
FEI Number: 59-1398673 FEI Number Applied For () FEI I			FEI Number Not Appli	icable () Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and	Name and Address of New Registered Agent:	
1001 THOM TALLAHAS		AD 121360 US	oose of changing it	s registered office or registered agent, or both,	
SIGNATUF		ic Signature of Registered Agent		Date	
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip: Title: Name:	JORDAN, LESLI 1001 THOMASV TALLAHASSEE,	'ILLE RD FL 32303 Delete	Title: Name: Address: City-St-Zip: Title: Name:	CFO (X) Change () Addition JORDAN, LESLEY 1001 THOMASVILLE RD TALLAHASSEE, FL 32303 COO (X) Change () Addition RICCO, PAMELA	
Address: City-St-Zip:	1001 THOMASV TALLAHASSEE,	ILLE RD	Address: City-St-Zip:	1001 THOMASVILLE RD TALLAHASSEE, FL 32303	
Title: Name: Address: City-St-Zip:	COCHRAN VIRO	Delete DSTEK, GWYNN TO PARK RD 2ND FLOOR FL 33432	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () WILLIAMS, JER 3838 TAMIAMI T NAPLES, FL 34	RAIL NORTH	Title: Name: Address: City-St-Zip:	D (X) Change () Addition LEE, RICHARD 156 GENEVA DRIVE OVEIDO, FL 32765	
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zip:	D () Change (X) Addition COUSE, MILLER 300 E SUGARLAND HWY CLEWISTON, FL 33440	
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zip:	EVP () Change (X) Addition DIMARCO, ANTHONY 1001 THOMASVILLE RD SUITE 201 TALLAHASSEE, FL 32302	

I hereby certify that the information supplied with this filing does not qualify 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 04/10/2008