

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

95 MAR -2 PM 4:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 740979

(0)

1. Corporation Name

NORTH FLORIDA REGIONAL BANKERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

127 W HILLSBORO STREET  
P O BOX 1609  
LAKE CITY FL 32055

127 W HILLSBORO STREET  
P O BOX 1609  
LAKE CITY FL 32055

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/07/1977

3a. Date of Last Report

05/01/1994

4. FEI Number

59-0238515

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

7. Nonprofit with IRS 501(c)(3)  
Tax Exempt Status

☐

\$68.75 Supplemental  
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,  
Florida Statutes

☐ Yes ☐ No

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

9. Name and Address of Current Registered Agent

POPE, BESSIE T  
127 W HILLSBORO STREET  
LAKE CITY FL 32055

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and (to if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

| TITLE | NAME                | STREET ADDRESS       | CITY - ST - ZIP |
|-------|---------------------|----------------------|-----------------|
| D     | MILLER, HOWARD A JR | FIRST NATIONAL BANK  | GAINESVILLE GA  |
| SD    | POPE, BESSIE        | COLUMBIA COUNTY BANK | LAKE CITY FL    |
| VC    | MILLER, CHERYL      | COLUMBIA COUNTY BANK | LAKE CITY FL    |
| D     | OWENS, GRAHAM       | FINANCIAL SERVICES   | CORNILIA GA     |
| C     | GREEN, ROBIN C.     | COLUMBIA COUNTY BANK | LAKE CITY FL    |
| T     | REED, JENNIE        | FARMERS & DEALERS    | LAKE BUTLER FL  |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| 1.1 TITLE | 1.2 NAME | 1.3 STREET ADDRESS | 1.4 CITY - ST - ZIP |
|-----------|----------|--------------------|---------------------|
| 2.1 TITLE | 2.2 NAME | 2.3 STREET ADDRESS | 2.4 CITY - ST - ZIP |
| 3.1 TITLE | 3.2 NAME | 3.3 STREET ADDRESS | 3.4 CITY - ST - ZIP |
| 4.1 TITLE | 4.2 NAME | 4.3 STREET ADDRESS | 4.4 CITY - ST - ZIP |
| 5.1 TITLE | 5.2 NAME | 5.3 STREET ADDRESS | 5.4 CITY - ST - ZIP |
| 6.1 TITLE | 6.2 NAME | 6.3 STREET ADDRESS | 6.4 CITY - ST - ZIP |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Bessie T. Pope

3-1-95

904-752-5646

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number