

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 704396

**Entity Name:** FLORIDA BANKERS EDUCATIONAL FOUNDATION**Current Principal Place of Business:**1001 THOMASVILLE RD  
STE 201  
TALLAHASSEE, FL 32303**Current Mailing Address:**P O BOX 1360  
TALLAHASSEE, FL 32302 US**FEI Number:** 59-6139568**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**NEWTON, LETTY  
1001 THOMASVILLE RD  
STE 201  
TALLAHASSEE, FL 32303 US*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**Officer/Director Detail :**

Title	T
Name	NEWTON, LETTY
Address	1001 THOMASVILLE RD, STE 201
City-State-Zip:	TALLAHASSEE FL 32303

Title	D
Name	PENNEY, WILLIAM
Address	571 BEACHLAND BLVD
City-State-Zip:	VERO BEACH FL 32963

Title	T
Name	JORDAN, LESLEY
Address	1001 THOMASVILLE RD SU 201
City-State-Zip:	TALLAHASSEE FL 32302

Title	DIRECTOR
Name	DORSEY, JOSEPH
Address	3105 TAMIAMI TRAIL
City-State-Zip:	PUNTA GORDA FL 32329

Title	DIRECTOR
Name	ALOIAN, MICHAEL
Address	1100 TAMIAMI TRAIL
City-State-Zip:	PORT CHARLOTTE FL 33953

Title	DIRECTOR
Name	CORUM, BETHANY
Address	1860 CAPITAL CIRCLE NE
City-State-Zip:	TALLAHASSEE FL 32308

Title	DIRECTOR
Name	FLOWERS, W BEN
Address	204 S. WOODLAND BLVD
City-State-Zip:	DELAND FL 32720

Title	DIRECTOR
Name	MEGGS, EDWARD
Address	PO BOX 834
City-State-Zip:	MADISON FL 32341

**Continues on page 2**

*I hereby 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 all other like empowered.*

**SIGNATURE:** LESLEY JORDAN

SVP/CFO

03/05/2019

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title	DIRECTOR
Name	TURNER, SUSAN
Address	1897 CAPITAL CIRCLE NE
City-State-Zip:	TALLAHASSEE FL 32317