

2014 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	VALENTI, WILLIAM
Address	9101 COLLEGE POINT CT
City-State-Zip:	FORT MYERS FL 33919

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

Title	D
Name	GAY, DONNIE
Address	P.O. DRAWER 370
City-State-Zip:	APALACHICOLA FL 32329

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

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

02/04/2014

Electronic Signature of Signing Officer/Director Detail_____
Date