

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 723431

**FILED**  
**Feb 23, 2017**  
**Secretary of State**  
**CC5889603525**

**Entity Name:** FLORIDA BANKERS ASSOCIATION, INC.

**Current Principal Place of Business:**

1001 THOMASVILLE ROAD  
TALLAHASSEE, FL 32302-1360

**Current Mailing Address:**

1001 THOMASVILLE ROAD  
TALLAHASSEE, FL 32302-1360

**FEI Number:** 59-1398673

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SANCHEZ, ALEJANDRO M  
1001 THOMASVILLE ROAD  
TALLAHASSEE, FL 32302-1360 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 CFO  
Name JORDAN, LESLEY  
Address 1001 THOMASVILLE RD  
City-State-Zip: TALLAHASSEE FL 32303

Title COO  
Name RICCO, PAMELA  
Address 1001 THOMASVILLE RD  
City-State-Zip: TALLAHASSEE FL 32303

Title EVP  
Name DIMARCO, ANTHONY  
Address 1001 THOMASVILLE RD SUITE 201  
City-State-Zip: TALLAHASSEE FL 32302

Title SVP  
Name PRATT, KENNETH  
Address 1001 THOMASVILLE ROAD SUITE 201  
City-State-Zip: TALLAHASSEE FL 32302

Title SVP  
Name BROKAW, PETER  
Address 1001 THOMASVILLE ROAD  
City-State-Zip: TALLAHASSEE FL 32302-1360

Title DIRECTOR  
Name BENSABAT, MARK  
Address 4505 S ORANGE AVE SUITE 1000  
City-State-Zip: ORLANDO FL 32801

Title DIRECTOR  
Name STALNAKER, JAMES  
Address 4301 W BOY SCOUT BLVD SUITE 150  
City-State-Zip: TAMPA FL 33607

Title DIRECTOR  
Name LOWMAN, RITA  
Address 100 5TH STREET SOUTH  
City-State-Zip: ST. PETERSBURG FL 33701

*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**

**02/23/2017**

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

\_\_\_\_\_  
Date