

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 723431

**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 EVP  
Name DIMARCO, ANTHONY  
Address 1001 THOMASVILLE RD 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 COO  
Name RICCO, PAMELA  
Address 1001 THOMASVILLE RD  
City-State-Zip: TALLAHASSEE FL 32303

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

Title VP  
Name SIOMKOS, KIMBERLY  
Address 1001 THOMASVILLE ROAD  
City-State-Zip: TALLAHASSEE FL 32302-1360

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

**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

03/29/2016

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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