

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 723431

FILED
Feb 04, 2014
Secretary of State
CC1370094591

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 D
Name TRANTER, JOHN
Address 2400 SE MONTEREY RD SUITE 100
City-State-Zip: STUART FL 34996

Title D
Name TRIAY, JORGE
Address 255 ARAGON AVE
3RD FLOOR
City-State-Zip: CORAL GABLES FL 33134

Title D
Name TAIT, THOMAS
Address 101 WEST GARDEN STREET
City-State-Zip: PENSACOLA FL 32501

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

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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

Officer/Director Detail Continued :

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