

2022 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 US**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	PAST CHAIRMAN
Name	NELSON, GREG
Address	2701 SOUTH BAY STREET
City-State-Zip:	EUSTIS FL 32726

Title	CHAIRMAN
Name	BRUMLEY, FABIOLA
Address	ONE TOWN CENTER ROAD, SUITE 700
City-State-Zip:	BOCA RATON FL 33486

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

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

02/02/2022

Electronic Signature of Signing Officer/Director Detail_____
Date