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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **700004** **(5)**

1. Corporation Name

FLORIDA FINANCIAL SERVICES ASSOCIATION, INC.

Principal Place of Business	Mailing Address
215 S. MONORE ST. #614 TALLAHASSEE FL 32301	215 S. MONORE ST. #614 TALLAHASSEE FL 32301-1804

3. Date Incorporated or Qualified: **09/02/1959**
3a. Date of Last Report: **02/28/1996**

2. Principal Place of Business — 21:
Suite, Apt #, etc. — 22:
City & State — 23:
Zip — 24: Country — 25:

2a. Mailing Address — 26:
Suite, Apt. #, etc. — 27:
City & State — 28:
Zip — 29: Country — 30:

4. FEI Number: **59-0661624** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

ERATH, GREG
215 SOUTH MONROE ST., SUITE 614
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: Greg Erath (GREG ERATH) 02/28/97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CPD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	SHULER, JOSEPH S		1.2 NAME	
STREET ADDRESS	RT 1 BOX 51-C		1.3 STREET ADDRESS	
CITY-ST-ZIP	HOSFORD FL		1.4 CITY-ST-ZIP	
TITLE	D	☑ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	SCHULTZ, WILLIAM S		2.2 NAME	
STREET ADDRESS	12512 FIRST ST., W		2.3 STREET ADDRESS	
CITY-ST-ZIP	TREASURE ISLAND FL		2.4 CITY-ST-ZIP	
TITLE	STD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	ERATH, GREG		3.2 NAME	
STREET ADDRESS	1660-8 NO MONROE STREET		3.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL		3.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	SMITH, REA J		4.2 NAME	
STREET ADDRESS	250 CARPENTER FREEWAY		4.3 STREET ADDRESS	
CITY-ST-ZIP	IRVING TX		4.4 CITY-ST-ZIP	
TITLE	D	☑ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	FAGAN, SARAH		5.2 NAME	
STREET ADDRESS	1105 HAMILTON STREET		5.3 STREET ADDRESS	
CITY-ST-ZIP	ALLENTON PA		5.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	6.1 TITLE	☐ Change ☑ Addition
NAME	LARRY HECKNER		6.2 NAME	
STREET ADDRESS	102 BALZAC CT.		6.3 STREET ADDRESS	
CITY-ST-ZIP	CARY N.C. 27511		6.4 CITY-ST-ZIP	

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Greg Erath GREG ERATH 02/28/97 (904) 224-3895
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0007247