FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 27 AM 11:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **704396** **(1)**

1. Corporation Name
FLORIDA BANKERS EDUCATIONAL FOUNDATION

Principal Place of Business	Mailing Address
214 S BRONOUGH ST TALLAHASSEE FL 32301 US	P O BOX 1360 TALLAHASSEE FL 32302 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/09/1962
3a. Date of Last Report: 02/23/1994
4. FEI Number: 59-6139568 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ **$68.75** Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032,* Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

LILLY, FRANCES S
214 S BRONOUGH ST
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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE Frances S Lilly 4/24/95
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	A	1.1 TITLE	D	XX Change ☐ Addition
NAME	LILLY, FRANCES S	1.2 NAME		
STREET ADDRESS	214 S BRONOUGH ST	1.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL	1.4 CITY-ST-ZIP		
TITLE	D	2.1 TITLE	C/Tr	☐ Change ☒ Addition
NAME	SMITH, ROBERT HILL	2.2 NAME	Van Bogan	
STREET ADDRESS	217 N MONROE ST	2.3 STREET ADDRESS	135 West Central	
CITY-ST-ZIP	TALLAHASSEE FL	2.4 CITY-ST-ZIP	Orlando, FL 32801	
TITLE	D	3.1 TITLE	Tr	☐ Change ☒ Addition
NAME	TILLMAN, JAMES	3.2 NAME	Kenneth Pray	
STREET ADDRESS	550 WATER STREET	3.3 STREET ADDRESS	10715 U.S. Hwy 441	
CITY-ST-ZIP	JACKSONVILLE FL	3.4 CITY-ST-ZIP	Leesburg, FL 34788	
TITLE	CBOT	4.1 TITLE	Tr	☒ Change ☐ Addition
NAME	JENKINS, SAM	4.2 NAME		
STREET ADDRESS	1777 MAIN ST	4.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL	4.4 CITY-ST-ZIP		
TITLE	AD	5.1 TITLE	Tr	☒ Change XX Addition
NAME	BARTON, BLEN	5.2 NAME	Carol Kinnard	
STREET ADDRESS	214 S BRONOUGH ST	5.3 STREET ADDRESS	9550-1 US Hwy 19, Embassy Crossing	
CITY-ST-ZIP	TALLAHASSEE FL	5.4 CITY-ST-ZIP	Port Richey, FL 34668	
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 Frances S Lilly 4/24/95 904/224-2265
SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR Date (Daytime Phone #)

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