

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 704396 (1)
1. Corporation Name

FLORIDA BANKERS EDUCATIONAL FOUNDATION



Principal Place of Business: 214 S BRONOUGH ST, TALLAHASSEE FL 32301 US
Mailing Address: P O BOX 1960, TALLAHASSEE FL 32302 US

3. Date Incorporated or Qualified: 08/09/1962
3a. Date of Last Report: 04/27/1995
4. FEI Number: 59-6139568
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

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LILLY, FRANCES S
214 S BRONOUGH ST
TALLAHASSEE FL 32301

81 Name: Evelyn Baltodano
82 Street Address (P.O. Box Number is Not Acceptable):
83 City:
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: *Evelyn Baltodano*
Signature of individual or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

4/30/96
DATE

12. OFFICERS AND DIRECTORS		
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LILLY, FRANCES S	
STREET ADDRESS	214 S BRONOUGH ST	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	CTR	<input checked="" type="checkbox"/> DELETE
NAME	BOGAN, VAN	
STREET ADDRESS	135 WEST CENTRAL	
CITY-ST-ZIP	ORLANDO FL	
TITLE	TR	<input checked="" type="checkbox"/> DELETE
NAME	PRAY, KENNETH	
STREET ADDRESS	10715 US HWY 441	
CITY-ST-ZIP	LEESBURG FL	
TITLE	TR	<input checked="" type="checkbox"/> DELETE
NAME	JENKINS, SAM	
STREET ADDRESS	1777 MAIN ST	
CITY-ST-ZIP	SARASOTA FL	
TITLE	TR	<input checked="" type="checkbox"/> DELETE
NAME	KINNARD, CAROL	
STREET ADDRESS	9550-1 US HWY 19, EMBASSY CROSSING	
CITY-ST-ZIP	PORT RICHEY FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	EVELYN Baltodano	
1.3 STREET ADDRESS	214 S. Bronough Street	
1.4 CITY-ST-ZIP	Tallahassee, FL 32301	
2.1 TITLE	CTR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	KINNARD, CAROL	
2.3 STREET ADDRESS	9550-1 US HWY 19, Embassy Crossing	
2.4 CITY-ST-ZIP	Port Richey, FL 34673	
3.1 TITLE	TR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Russell Greene	
3.3 STREET ADDRESS	2000 Palm Beach Lakes Blvd	
3.4 CITY-ST-ZIP	West Palm Beach, FL 33409	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP	800001828638	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS	-05/20/96--01030--002	
5.4 CITY-ST-ZIP	***61.25	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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)(k), 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, changed, or on an attachment with an address.

SIGNATURE: *Evelyn Baltodano* 4/30/96 (904) 224-2265
Signature and typed or printed name of signing officer or director Date Date-time Phone #

CR2E037 (12/95)