

FILE NOW: FILING FEE IS \$61.25

FILED

May 01 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

Mailing Address

214 S BRONOUGH ST  
TALLAHASSEE FL 32301  
US

P O BOX 1360  
TALLAHASSEE FL 32302  
US

3. Date Incorporated or Qualified  
08/09/1962

3a. Date of Last Report  
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21 1001 Thomasville Road

28

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 201

27

City & State

City & State

23 Tallahassee Florida

28

Zip

Country

Zip

Country

24 32303

25 US

29

30

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

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BALTODANO, EVELYN  
214 S BRONOUGH ST  
TALLAHASSEE FL 32301

81 Name Pamela E. Gay

82 Street Address (P.O. Box Number is Not Acceptable)  
1001 Thomasville Road

83 Suite 201

84 City Tallahassee FL 85 Zip Code 32303

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: Pamela E. Gay, Pamela E. Gay, Director 4/17/97

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 D  DELETE  
NAME BALTODANO, EVELYN  
STREET ADDRESS 214 S. BRONOUGH STREET  
CITY-ST-ZIP TALLAHASSEE FL 32301

1.1 TITLE D  Change  Addition  
1.2 NAME Pamela E. Gay  
1.3 STREET ADDRESS 1001 Thomasville Road, Suite 201  
1.4 CITY-ST-ZIP Tallahassee, FL 32303

TITLE CTR  DELETE  
NAME KINNARD, CAROL  
STREET ADDRESS 9550-1 US HWY 19, EMBASSY CROSSING  
CITY-ST-ZIP PORT RICHEY FL 34873

2.1 TITLE TR  Change  Addition  
2.2 NAME W.W. Gunnels, Jr.  
2.3 STREET ADDRESS 800 South Jefferson Street  
2.4 CITY-ST-ZIP Monticello, FL 32344

TITLE TR  DELETE  
NAME GREENE, RUSSELL  
STREET ADDRESS 2000 PALM BEACH LAKES BLVD  
CITY-ST-ZIP WEST PALM BEACH FL 33409

3.1 TITLE CTR  Change  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

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  Change  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 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: Pamela E. Gay, Pamela E. Gay, Director 4/17/97 (904) 224-2205

Signature, typed or printed name of signing officer or director Date Debit Phone # 904-224-2205

CR2E037 (9/96)