## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAZ REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham-Secretary of State

DIVISION OF CORPORATIONS

**DOCUMENT #**1. Corporation Name

704396

(1)

## FLORIDA BANKERS EDUCATIONAL FOUNDATION

FEGURE FUNCION EGGOTHOUSE FOUNDATION											
Principal Place of Business			Malling Address					s tables tables abilit diden (ship taken dilit didel) (	itati alah bish	AJON DIDIK KORL	
1001 THOMASVILLE RD 201 TALLAHASSEE FL 32301			P O BOX 1360 Tallahasee Fl 32302 Us					3. Date Incorporated or Qualified 08/09/1962			
US			•••					4. FEI Number 59-6139568	1	Applied For Not Applicable	
L '	tace of Business		2a. Mailing Address					5. Certificate of Status Desired	\$8.75	Additional	
Suite, Apt.	#, etc.		Suite, Apt. W, etc.					6. Election Campaign Financing		Required May Be	
22	·		27				<del></del>	Trust Fund Contribution		to Fees	
City & Stat	в		City & State					7. Is this nonprofit corporation a homeowners association?			
I Zip	Zip Country		Zip		_	Country		8. This corporation owes or has paid the current year Intangible			
24	25	Address of Committee	29	]3	<u> </u>			Personal Property Tax due June 30.  10. Name and Address of New Registere		∐ No	
<del></del>	y. Name and	Address of Curren	Megistered Agent			81	Name	10. Name and Address of New Registers	) Agent		
GAY, PAMELA E								Address (D.O. Day Mumber in Not Acceptable)			
1001 THOMASVILLE RD					L	32	Street	Address (P.O. Box Number is Not Acceptable)			
201	400FF FL 6000			ľ	33						
TALLANASSEE FL 32303					1	94	City	F	<b>65</b> Zip	Code	
11. Pursuant office or r agent 1s	Ulm	of Sections 617.0502 or both, in the State and accept the obliga-	Va					corporation submits this statement for the purpose poration's board of directors. I hereby accept the appropriate the purpose product of the purpose poration's board of directors. I hereby accept the appropriate the purpose product of the purpose poration of the purpose purpose purpose poration of the purpose poration of the purpose	of changing pointment a	its registered as registered	
12.	organism (pass or print	OFFICERS AND		(1.0.12.)	13.	-		ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTO	RS IN 12	
TITLE	D			ELETE	1.1 TITL	E	·		☐ Change		
NAME	GAY, PAMEL				1.2 NAA	Æ					
STREET ADDRESS	1001 THOMA				1		ADDRESS				
CITY-ST-ZIP TITLE	TALLAHASSE	er ru		ELETE	1.4 CITY 2.1 TITE		- ZIP		Change	Addition	
NAME	GUNNELS, V	v w .iin	[W, U		2.1 III.			GUNNELS, W WJR	t- " Outingo	LIAGOLION	
STREET ADDRESS		JEFFERSON ST					NODRESS	ROO SOUTH JEFFERSON ST			
CITY-ST-ZNP	MONTICELLO	) FL		·	2. 4 CIT	Y - ST	r-zip	MONTICELLO FL			
TITLE	CTR	100511	i <b>M</b> o	ELETE	3.1 TITL			TOWNSEND, JAMES	Change	Addition	
NAME CTREET ADDRESS	OREENE, RUSSELL ORESS 2000 PALM BEACH LAKES BLVD				3.2 NAME 3.3 STREET ADDRESS			1900 SOUTH 14TH ST.			
STREET ADDRESS CITY-ST-ZIP	WEST PALM		.70		3.3 STR 3.4. CIT			FERNANDINA BEACH FL			
TITLE		<u></u>		ELETE	4.1 TITL				Change	Addition	
NAME					4.2 NA	ME					
STREET ADDRESS					4.3 STR	EET A	NDORESS				
CITY-ST-ZIP				CL CTC	4.4 CIT		- ZIP		Change	Addition	
TITLE NAME			L	ELETE	5.1 TITE 5.2 NAM				LJ CHRIGE		
STREET ADDRESS							ADDRESS				
CTTY-ST-ZNP					5.4 CIT						
TITLE				ELETE	6.1 TITL	_			Change	Addition	
NAME	:				6.2 NAA	AE					
STREET ADDRESS							NDDRESS				
CITY OT 71D	I				CANT	/ AT	ו סוד.				

14. Thereby certify that the Information supplied with this filling 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.

**FILED** 

Apr 08 1998 8:00am

Secretary of State