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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 704396

1. Corporation Name

FLORIDA BANKERS EDUCATIONAL FOUNDATION

Principal Place of Business

1001 THOMASVILLE RD
201
TALLAHASSEE FL 32301
US

Mailing Address

P O BOX 1360
TALLAHASSEE FL 32302
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

08/09/1962

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-6139568

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GAY, PAMELA E
1001 THOMASVILLE RD
201
TALLAHASSEE FL 32303

81 Name
NEWTON, LETTY
82 Street Address (P.O. Box Number is Not Acceptable)
1001 THOMASVILLE RD
83 201
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 *Letty Newton*

4/21/99

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
NAME GAY, PAMELA E
STREET ADDRESS 1001 THOMASVILLE RD
CITY-ST-ZIP TALLAHASSEE FL DELETE

1.1 TITLE D
1.2 NAME NEWTON, LETTY
1.3 STREET ADDRESS 1001 THOMASVILLE RD
1.4 CITY-ST-ZIP TALLAHASSEE FL Change Addition

TITLE T
NAME GUNNELS, W W JR
STREET ADDRESS 800 W JEFFERSON ST
CITY-ST-ZIP MONTICELLO FL DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP Change Addition

TITLE T
NAME TOWNSEND, JAMES
STREET ADDRESS 1900 S 14TH ST
CITY-ST-ZIP FERNANDINA BEACH FL DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP DELETE

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP DELETE

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP Change Addition

14. I 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, with all other like empowered.

SIGNATURE: *Letty Newton* SIGNATURE REQUIRED

4/21/99 (850) 224-2265

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)