2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005
Secretary of State

DOCUMENT# 704396

Entity Name: FLORIDA BANKERS EDUCATIONAL FOUNDATION

Current Principal Place of Business:

1001 THOMASVILLE RD
201
TALLAHASSEE, FL 32303 US

New Principal Place of Business:

1001 THOMASVILLE RD
STE 201
TALLAHASSEE, FL 32303 US

Current Mailing Address:

P O BOX 1360
TALLAHASEE, FL 32302 US

New Mailing Address:

FEI Number: 59-6139568 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NEWTON, LETTY
1001 THOMASVILLE RD
201
TALLAHASSEE, FL 32303 US

Name and Address of New Registered Agent:

NEWTON, LETTY
1001 THOMASVILLE RD
STE 201
TALLAHASSEE, FL 32303 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____ 04/20/2005
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: NEWTON, LETTY
Address: 1001 THOMASVILLE RD, STE 201
City-St-Zip: TALLAHASSEE, FL 32303

Title: D ( ) Delete
Name: CAREFOOT, GEORGE
Address: 1191 US 27 NORTH
City-St-Zip: HAINES CITY, FL 33844

Title: C ( ) Delete
Name: SUBER, JIMMY
Address: 320 WEST JEFFERSON STREET
City-St-Zip: QUINCY, FL 32351

Title: D ( ) Delete
Name: DAILEY, HUGH
Address: 1603 SW 19 AVE.
City-St-Zip: OCALA, FL 34474

Title: D ( ) Delete
Name: BROWN, CHARLIE
Address: 1100 TAMIAMI TRAIL
City-St-Zip: PORT CHARLOTTE, FL 33953

Title: D ( ) Delete
Name: BORCHECK, TERESA
Address: 200 SOUTH ORANGE AVE., MC-2105
City-St-Zip: ORLANDO, FL 32801

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: SUBER, JIMMY
Address: 320 WEST JEFFERSON STREET
City-St-Zip: QUINCY, FL 32351

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LETTY NEWTON D 04/20/2005
Electronic Signature of Signing Officer or Director — Date