

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 704396

FILED
Apr 10, 2008
Secretary of State

Entity Name: FLORIDA BANKERS EDUCATIONAL FOUNDATION

Current Principal Place of Business:

1001 THOMASVILLE RD
STE 201
TALLAHASSEE, FL 32303 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 1360
TALLAHASSEE, 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
STE 201
TALLAHASSEE, FL 32303 US

Name and Address of New Registered Agent:

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:

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 US

Title: D () Delete
Name: JACKSON, DICK
Address: 800 BRICKELL AVENUE STE 300
City-St-Zip: MIAMI, FL 33131 US

Title: D () Delete
Name: MAY, DON
Address: 3320 THOMASVILLE ROAD
City-St-Zip: TALLAHASSEE, FL 32308 US

Title: D () Delete
Name: PRITCHARD, KATHY
Address: 17 EGLIN PARKWAY
City-St-Zip: FORT WALTON BEACH, FL 32548 US

Title: D () Delete
Name: CAPODANNO, SUE
Address: 132 ROYAL PALM WAY
City-St-Zip: PALM BEACH, FL 33480 US

Title: D () Delete
Name: DELAPARTE, CINDY
Address: 11100 SAN JOSE BOULEVARD
City-St-Zip: JACKSONVILLE, FL 32223 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

Title: T (X) Change () Addition
Name: JORDAN, LESLEY
Address: 1001 THOMASVILLE RD SU 201
City-St-Zip: TALLAHASSEE, FL 32302 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: LESLEY JORDAN

Electronic Signature of Signing Officer or Director

T

04/10/2008

Date