

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 716189 (6)

1. Corporation Name

FLORIDA BANKERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

214 S. BRONOUGH ST.  
TALLAHASSEE FL 32301  
US

214 S. BRONOUGH ST.  
TALLAHASSEE FL 32301  
US

3. Date Incorporated or Qualified  
03/23/1954

3a. Date of Last Report  
04/12/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number  
59-0563606

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

MILSTEAD, JOHN  
214 SOUTH BRONOUGH STREET  
TALLAHASSEE FL 32302-1360

81 Name

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

83

84 City

FL

85 Zip Code

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

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

T  
NAME  
MACMILLAN, REBECCA  
STREET ADDRESS  
214 S. BRONOUGH ST.  
CITY-ST-ZIP  
TALLAHASSEE FL

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
☐ Change ☐ Addition

T  
NAME  
BARTON, GLEN  
STREET ADDRESS  
214 S. BRONOUGH ST.  
CITY-ST-ZIP  
TALLAHASSEE FL

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

D  
NAME  
MILSTEAD, JOHN  
STREET ADDRESS  
214 S. BRONOUGH ST.  
CITY-ST-ZIP  
TALLAHASSEE FL

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

T  
NAME  
SANCHEZ, ALEGANDRO M.  
STREET ADDRESS  
214 S. BRONOUGH ST.  
CITY-ST-ZIP  
TALLAHASSEE FL

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

D  
NAME  
HODNET, BYRON E.  
STREET ADDRESS  
225 WATER STREET  
CITY-ST-ZIP  
JACKSONVILLE FL

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

D  
NAME  
FANT, JULIAN E. JR.  
STREET ADDRESS  
1234 KING ST.  
CITY-ST-ZIP  
JACKSONVILLE FL

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

D  
Barton S. Goldberg  
301 41st St.  
Miami FL

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-28-96

Date

224-2265

Daytime Phone #

CR2E037 (12/95)