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Mar 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **716189** (6)

1. Corporate Name

FLORIDA BANKERS ASSOCIATION, INC.



Principal Place of Business 214 S. BRONOUGH ST. TALLAHASSEE FL 32301 US	Mailing Address 214 S. BRONOUGH ST. TALLAHASSEE FL 32301-1705 US
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2. Principal Place of Business 21 1001 Thomasville Rd. Suite, Apt. #, etc. 22 Suite 201 City & State 23 Tallahassee FL Zip Country 24 32302 25 US	2a. Mailing Address 26 1001 Thomasville Rd. Suite, Apt. #, etc. 27 Suite 201 City & State 28 Tallahassee FL Zip Country 29 32302 30 US
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3. Date Incorporated or Qualified 03/23/1954	3a. Date of Last Report 04/12/1996
4. FEI Number 59-0563606	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 32302-1380**

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	1001 Thomasville Road
83 Suite	Suite 201
84 City	Tallahassee FL
85 Zip Code	32302

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 fee, if applicable) (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	T	1.1 TITLE	Corporate Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MACMILLAN, REBECCA	1.2 NAME	
STREET ADDRESS	214 S. BRONOUGH ST.	1.3 STREET ADDRESS	1001 Thomasville Road Suite 201
CITY-ST-ZIP	TALLAHASSEE FL	1.4 CITY-ST-ZIP	Tallahassee FL 32302 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	T	2.1 TITLE	Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARTON, GLEN	2.2 NAME	
STREET ADDRESS	214 S. BRONOUGH ST.	2.3 STREET ADDRESS	1001 Thomasville Road Suite 201
CITY-ST-ZIP	TALLAHASSEE FL	2.4 CITY-ST-ZIP	Tallahassee FL 32302 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D	3.1 TITLE	1001 Thomasville Road, Suite 201 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILSTEAD, JOHN	3.2 NAME	
STREET ADDRESS	214 S. BRONOUGH ST.	3.3 STREET ADDRESS	Tallahassee FL 32302 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	TALLAHASSEE FL	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	Sanchez, Alejandro M. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANCHEZ, ALEJANDRO M.	4.2 NAME	
STREET ADDRESS	214 S. BRONOUGH ST.	4.3 STREET ADDRESS	1001 Thomasville Rd. Suite 201
CITY-ST-ZIP	TALLAHASSEE FL	4.4 CITY-ST-ZIP	Tallahassee FL 32302 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D	5.1 TITLE	Charlie Brinkley <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HODNET, BYRON E.	5.2 NAME	
STREET ADDRESS	225 WATER STREET	5.3 STREET ADDRESS	201 E. Pine St.
CITY-ST-ZIP	JACKSONVILLE FL	5.4 CITY-ST-ZIP	Orlando FL 32801 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D	6.1 TITLE	
NAME	GOLDBERG, BARTON S	6.2 NAME	
STREET ADDRESS	301 41 ST	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: *Rebecca MacMillan* **Rebecca MacMillan, Corporate Sec.** 3/13/97 2245
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **2265**

CR2E037 (9/96)