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May 08 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 716189 (6)

1. Corporation Name

FLORIDA BANKERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

1001 THOMASVILLE RD.
STE. 201
TALLAHASSEE FL 32302
US

1001 THOMASVILLE RD.
STE. 201
TALLAHASSEE FL 32302
US

3. Date Incorporated or Qualified

03/23/1954

4. FEI Number

59-0563606

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

P.O. Box 11117

22

City & State

27

Suite, Apt. #, etc.

23

Zip

Country

28

Tallahassee, FL

24

Zip

Country

29

32302

Country

USA

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MILSTEAD, JOHN
1001 THOMASVILLE RD.
STE. 201
TALLAHASSEE FL 32302

81 Name

Alejandro Sanchez

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

1001 Thomasville Road #201

83

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 has been 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 and name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

27 April 98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE CS
NAME MACMILLAN, REBECCA
STREET ADDRESS 1001 THOMASVILLE RD., STE. 201
CITY-ST-ZIP TALLAHASSEE FL

☒ DELETE

TITLE Y
NAME BARTON, GLEN
STREET ADDRESS 1001 THOMASVILLE RD., STE. 201
CITY-ST-ZIP TALLAHASSEE FL

☐ DELETE

TITLE D
NAME MILSTEAD, JOHN
STREET ADDRESS 1001 THOMASVILLE RD., STE. 201
CITY-ST-ZIP TALLAHASSEE FL

☒ DELETE

TITLE T
NAME SANCHEZ, ALEJANDRO M.
STREET ADDRESS 1001 THOMASVILLE RD.
CITY-ST-ZIP TALLAHASSEE FL

☐ DELETE

TITLE D
NAME BRINKLEY, CHARLIE
STREET ADDRESS 201 E. PINE ST.
CITY-ST-ZIP ORLANDO FL

☐ DELETE

TITLE D
NAME GOLDBERG, BARTON S
STREET ADDRESS 301 41 ST
CITY-ST-ZIP MIAMI FL

☒ DELETE

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

Thomas Kern
1001 Thomasville Rd #201
Tallahassee, FL 32303

☐ Change

☒ Addition

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

☐ Change

☐ Addition

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

☐ Change

☐ Addition

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

☐ Change

☐ Addition

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

☐ Change

☐ Addition

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

Rudy Schnupp
4400 Congress Ave
West Palm Beach, FL

☐ 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.

SIGNATURE:

Thomas F. Kern

4/27/98

850-224-2265

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0007812

CR2037 (10/97)