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Apr 28 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # **740979** (0)  
1. Corporation Name  
**NORTH FLORIDA REGIONAL BANKERS ASSOCIATION, INC.**



Principal Place of Business Mailing Address  
**127 W HILLSBORO STREET**  
**P O BOX 1809**  
**LAKE CITY FL 32055**  
**127 W HILLSBORO STREET**  
**P O BOX 1809**  
**LAKE CITY FL 32055-2839**

3. Date Incorporated or Qualified **12/07/1977** 3a. Date of Last Report **10/01/1996**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number <b>59-0238515</b>	Applied For <input checked="" type="checkbox"/> Not Applicable
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
22 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
23 Zip Country	28 Zip Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
24	25	29	30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**POPE, BESSIE T**  
**127 W HILLSBORO STREET**  
**LAKE CITY FL 32055**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City <b>FL</b> 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's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>MILLER, HOWARD A JR</b>	
STREET ADDRESS	<b>38 E. KYTLE STREET</b>	
CITY-ST-ZIP	<b>CLEVELAND GA 30528</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> DELETE
NAME	<b>POPE, BESSIE</b>	
STREET ADDRESS	<b>127 W HILLSBORO ST</b>	
CITY-ST-ZIP	<b>LAKE CITY FL 32055</b>	
TITLE	<b>VC</b>	<input type="checkbox"/> DELETE
NAME	<b>MILLER, CHERYL</b>	
STREET ADDRESS	<b>127 W HILLSBORO ST</b>	
CITY-ST-ZIP	<b>LAKE CITY FL 32055</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>OWENS, GRAHAM</b>	
STREET ADDRESS	<b>38 E KYTLE STREET</b>	
CITY-ST-ZIP	<b>CLEVELAND GA 30528</b>	
TITLE	<b>C</b>	<input type="checkbox"/> DELETE
NAME	<b>GREEN, ROBIN C.</b>	
STREET ADDRESS	<b>127 W HILLSBORO ST</b>	
CITY-ST-ZIP	<b>LAKE CITY FL 32055</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>REED, JENNIE</b>	
STREET ADDRESS	<b>300 W MAIN STREET</b>	
CITY-ST-ZIP	<b>LAKE BUTLER FL 32054</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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.

CR2E037 (9/96)