

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 15 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra S. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 740979 (0)
1. Corporation Name
NORTH FLORIDA REGIONAL BANKERS ASSOCIATION, INC.

Principal Place of Business 127 W HILLSBORO STREET P O BOX 1808 LAKE CITY FL 32055	Mailing Address 127 W HILLSBORO STREET P O BOX 1809 LAKE CITY FL 32055
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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3. Date Incorporated or Qualified 12/07/1977	4. FEI Number 59-0238515	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	7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent POPE, BESSIE T 127 W HILLSBORO STREET LAKE CITY FL 32055	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, HOWARD A JR	1.2 NAME	
STREET ADDRESS	36 E. KYTLE STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	CLEVELAND GA 30528	1.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POPE, BESSIE	2.2 NAME	
STREET ADDRESS	127 W HILLSBORO ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE CITY FL 32055	2.4 CITY-ST-ZIP	
TITLE	VC <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, CHERYL	3.2 NAME	
STREET ADDRESS	127 W HILLSBORO ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE CITY FL 32055	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OWENS, GRAHAM	4.2 NAME	
STREET ADDRESS	36 E KYTLE STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	CLEVELAND GA 30528	4.4 CITY-ST-ZIP	
TITLE	C <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREEN, ROBIN C.	5.2 NAME	
STREET ADDRESS	127 W HILLSBORO ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE CITY FL 32055	5.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REED, JENNIE	6.2 NAME	
STREET ADDRESS	300 W MAIN STREET	6.3 STREET ADDRESS	Rt. 3 Box 191
CITY-ST-ZIP	LAKE BUTLER FL 32054	6.4 CITY-ST-ZIP	Lake Butler, Fl. 32054

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: *[Signature]* **REQUIRED** 4-8-98 904-752-5646

CFR037 (10/97)