

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90228 042 ****61.25

DOCUMENT # 740979

1. Corporation Name

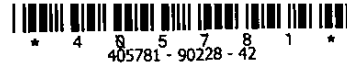
NORTH FLORIDA REGIONAL BANKERS ASSOCIATION, INC.

Principal Place of Business

127 W HILLSBORO STREET
P O BOX 1609
LAKE CITY FL 32055

Mailing Address

127 W HILLSBORO STREET
P O BOX 1609
LAKE CITY FL 32055



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

12/07/1977

4. FEI Number

59-0238515

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

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

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

TITLE D ☐ DELETE

NAME MILLER, HOWARD A JR
STREET ADDRESS 36 E. KYTLE STREET
CITY-ST-ZIP CLEVELAND GA 30528

TITLE SD ☐ DELETE

NAME POPE, BESSIE
STREET ADDRESS 127 W HILLSBORO ST
CITY-ST-ZIP LAKE CITY FL 32055

TITLE VC ☐ DELETE

NAME MILLER, CHERYL
STREET ADDRESS 127 W HILLSBORO ST
CITY-ST-ZIP LAKE CITY FL 32055

TITLE D ☐ DELETE

NAME OWENS, GRAHAM
STREET ADDRESS 36 E KYTLE STREET
CITY-ST-ZIP CLEVELAND GA 30528

TITLE C ☐ DELETE

NAME GREEN, ROBIN C.
STREET ADDRESS 127 W HILLSBORO ST
CITY-ST-ZIP LAKE CITY FL 32055

TITLE T ☐ DELETE

NAME REED, JENNIE
STREET ADDRESS RT. 3 BOX 191
CITY-ST-ZIP LAKE BUTLER FL 32054

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE: *Bessie T Pope* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-99 904-752-5646

Date

Daytime Phone #

CR2E037 (1/98)

0000712