	FILE NOW: FILI	NG FEE IS \$61.25	- FILED		
NONPROFIT CORPORATION ANNUAL REPORT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		Apr 23, 1999 Secretary o) 8:00 am of State
	1999		ORPORATIONS	04-23-1999 90228 04	2 ****61.25
1. Corporation	MENT # 740979				
NORTH	Florida regional banke	ERS ASSOCIATION, INC).	l ninn kinn örn örn örn örn ör	INI (NII (BNI)
Principal Place	of Business	Mailing Address	· · · · · · · · · · · · · · · · · · ·	* 4 0 5781 - 90228 - 42	
127 W HILLSBORO STREET P O BOX 1609 LAKE CITY FL 32055 127 W HILLSBORO STRE P O BOX 1609 LAKE CITY FL 32055 127 W HILLSBORO STRE P O BOX 1609 LAKE CITY FL 32055			r		
2. Principal Pl	ace of Business	2a. Mailing Address		3. Date Incorporated or Qualifed 12/07/1977	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		4. FEI Number 59-0238515	Applied For Not Applicable
City & State	e	27 City & State		5. Certifcate of Status Desired	\$8.75 Additional Fee Required
Zip	Country	28 Zip 29	Country 30	6. Election Campaign Financing	\$5.00 May Be Added to Fees
24	9. Name and Address of Current			10. Name and Address of New Registered	
	ssie T Lsboro street Y FL 32055		81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83		
			84 City	Fl	85 Zip Code
office or r	to the provisions of Sections 617.0502 egistered agent, or both, in the State o m familiar with, and accept the obligat	T Flonda, Slich chande was al	s, the above-named corp	FI poration submits this statement for the purpose o on's board of directors. I hereby accept the appo	f changing its registered
office or r	egistered agent, or both, in the State of m familiar with, and accept the obligation Signature, typed or printed name of registered agent	t and title if applicable. (NOTE:	s, the above-named corp thorized by the corporation da Statutes.	id when reinstating) DATE	f changing its registered intment as registered
office or n agent. I a SIGNATURE 12.	egistered agent, or both, in the State of m familiar with, and accept the obligat Signature, typed or printed name of registered agen OFFICERS ANI	t Florida. Such change was au ions of, Section 617.0503, Flor tand title if applicable. (NOTE: D DIRECTORS	s, the above-named corp thorized by the corporate da Statutes. Registered Agent signature require 13.	on's board of directors. Thereby accept the appo	f changing its registered intment as registered
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SIGNATURE:	HELSENATURE SUBURED
	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING/OFFICER OR DIRECTOR

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4-22-99 904-752-5646 Data Data Data