

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 20, 2004 08:00 AM
Secretary of State

DOCUMENT # 740979

1. Entity Name

NORTH FLORIDA REGIONAL BANKERS ASSOCIATION,
INC.



Principal Place of Business

338 NORTH MARION STREET
P O BOX 1609
LAKE CITY, FL 32055

Mailing Address

PO BOX 1609
LAKE CITY, FL 32056

DO NOT WRITE IN THIS SPACE



04122004 No Chg-NP CR2E037 (10/03)

4. FEI Number

59-0238515

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

GREEN, ROBIN C CHAIR
338 NORTH MARION STREET
LAKE CITY, FL 32055

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IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution: ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	RIHERD, THOMAS M
STREET ADDRESS	333 NW 2ND STREET
CITY-ST-ZIP	LAKE BUTLER, FL 32054
TITLE	SD
NAME	POPE, BESSIE T
STREET ADDRESS	338 NORTH MARION STREET
CITY-ST-ZIP	LAKE CITY, FL 32055
TITLE	VC
NAME	MORGAN, CHERYL A
STREET ADDRESS	4785 US HIGHWAY 90
CITY-ST-ZIP	LAKE CITY, FL 32055
TITLE	C
NAME	GREEN, ROBIN C
STREET ADDRESS	338 NORTH MARION STREET
CITY-ST-ZIP	LAKE CITY, FL 32055
TITLE	T
NAME	REED, JENNIE
STREET ADDRESS	RT. 3 BOX 191
CITY-ST-ZIP	LAKE BUTLER, FL 32054
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

-U00000121554
04/20/04-80057-020 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Robin C Green **ROBIN C GREEN** 4-16-04 386-752-5646