

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 740979

FILED  
Apr 11, 2005  
Secretary of State

**Entity Name:** NORTH FLORIDA REGIONAL BANKERS ASSOCIATION, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1609  
LAKE CITY, FL 32056

**New Mailing Address:**

**FEI Number:** 59-0238515

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: RIHERD, THOMAS M  
Address: 333 NW 2ND STREET  
City-St-Zip: LAKE BUTLER, FL 32054

Title: SD ( ) Delete  
Name: POPE, BESSIE T  
Address: 338 NORTH MARION STREET  
City-St-Zip: LAKE CITY, FL 32055

Title: VC ( ) Delete  
Name: MORGAN, CHERYL A  
Address: 4785 US HIGHWAY 90  
City-St-Zip: LAKE CITY, FL 32055

Title: C ( ) Delete  
Name: GREEN, ROBIN C  
Address: 338 NORTH MARION STREET  
City-St-Zip: LAKE CITY, FL 32055

Title: T ( ) Delete  
Name: REED, JENNIE  
Address: RT. 3 BOX 191  
City-St-Zip: LAKE BUTLER, FL 32054

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBIN C GREEN

C

04/11/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date