

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 841965 (7)**

1. Corporation Name

**BANK ADMINISTRATION INSTITUTE-SOUTH FLORIDA CHAPTER, INC.**



Principal Place of Business

Mailing Address

**ONE NORTH FRANKLIN ST  
CHICAGO IL 60606**

**ONE NORTH FRANKLIN ST  
CHICAGO IL 60606**

3. Date Incorporated or Qualified  
**12/04/1978**

3a. Date of Last Report  
**05/01/1995**

2. Principal Place of Business

2a. Mailing Address

**21** Suite, Apt. #, etc.

**26** Suite, Apt. #, etc.

**22** City & State

**27** City & State

**23** Zip

**25** Country

**28** Zip

**30** Country

4. FEI Number  
**59-1815428**

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**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**STYGA, CHRISTOPHER  
8750 N.W. 21ST TERR.  
MIAMI FL 33172**

**81** Name **John R. Cove**  
**82** Street Address (P.O. Box Number is Not Acceptable)  
**16155 SW 117th Ave #5**  
**83**  
**84** City **MIAMI FL** **85** Zip Code **33177**

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

*[Signature]*  
(NOTE: Registered Agent signature required when reinstating)

**4/29/96**  
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input checked="" type="checkbox"/> DELETE
	<b>STYGA, CHRISTOPHER</b>	<b>8750 N.W. 21ST TERR.</b>	<b>MIAMI FL 33172</b>	
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
	<b>BETOLATTI, BARBARA</b>	<b>5750 SUNSET DR.</b>	<b>SOUTH MIAMI FL</b>	
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
	<b>THORPE, DOROTHY</b>	<b>2701 S. BAYSHORE DR.</b>	<b>MIAMI FL</b>	
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
	<b>ZAFAR, SYED</b>	<b>301 ARTHUR GODFREY RD.</b>	<b>MIAMI BEACH FL</b>	
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
	<b>COVE, JOHN</b>	<b>16155 S.W. 117TH AVE.</b>	<b>MIAMI FL</b>	
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/29/96** (305) 33-1377  
Date Daytime Phone #

CR2E037 (12/95)