

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N01084** (5)

1. Corporation Name

FLORIDA GULFCOAST CHAPTER OF THE AMERICAN INSTITUTE OF BANKING, INC.



Principal Place of Business

6925 N 56TH ST #210
TAMPA FL 33617

Mailing Address

6925 N 56TH ST #210
TAMPA FL 33617

3. Date Incorporated or Qualified
01/25/1984

3a. Date of Last Report
02/01/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number
59-2516152

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

**BERRY, JEANNE R.
2203 WINDWOOD PL
VALRICO FL 33594**

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

Jeanne R. Berry, President

(NOTE: Registered Agent signature required when rechartering)

DATE

4/29/96

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**P
STUFFLEBEAM, BETH
6801 GEORGE M LYNCH DR
ST PETERSBURG FL**

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**D
BERRY, JEANNE
2203 WINDWOOD PLACE
VALRICO FL**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**D
VARGAS, LAURA
2363 GULF TO BAY BLVD
CLEARWATER FL**

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**D
CHERVEN, KEN
2200 BAYSHORE BLVD
DUNEDIN FL**

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**D
STRAUGHAN, PATRICIA A.
2414 34TH AVE N
ST. PETERSBURG FL**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

13.

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

**P
Gonzalez, Linda
390 No. Orange Suite 700
Orlando, FL. 32801
D
Higgins, Karleen
400 W. Emmett 2nd floor
Kissimmee, FL. 34741**

Change ☐ Addition

☒ Change ☐ Addition

☐ Change ☒ Addition

☐ Change ☒ Addition

☐ Change ☐ Addition

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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: **Jeanne R. Berry, President**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/96

Date

985-5200

Daytime Phone #