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Feb 10 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N01084** (5)

1. Corporation Name

GULF ATLANTIC CHAPTER OF THE AMERICAN INSTITUTE OF BANKING, INC.

Principal Place of Business

Mailing Address

6925 N 56TH ST #210
TAMPA FL 33617

6925 N 56TH ST #210
TAMPA FL 33617



3. Date Incorporated or Qualified

01/25/1984

4. FEI Number

59-2516152

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

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5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐

\$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~BERRY, JEANNE R~~
~~2203 WINDWOOD PL~~
~~VALRICO FL 33594~~

Patricia A. Straughan
 2414 34th Ave. N.
 St. Pete., FL 33713-1836

81 Name

Patricia A. Straughan

82 Street Address (P.O. Box Number is Not Acceptable)

2414 34th Ave. N.

83

84 City

St. Petersburg,

FL

85 Zip Code

33713

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 Patricia A. Straughan

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

(NOTE: Registered Agent signature required when replacing)

1/16/98

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P** ☒ DELETE
 NAME **BERRY, JEANNE**
 STREET ADDRESS **2203 WINDWOOD PLACE**
 CITY-ST-ZIP **VALRICO FL**

1.1 TITLE ☐ Change ☐ Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

TITLE **D** ☒ DELETE
 NAME **HIGGINS, KARLEEN**
 STREET ADDRESS **400 E. EMMETT 2ND FLOOR**
 CITY-ST-ZIP **KISSIMMEE FL 34741**

2.1 TITLE ☐ Change ☐ Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
 NAME **GONZALEZ, LINDA** **CHAIRMAN**
 STREET ADDRESS **390 NO. ORANGE SUITE 700**
 CITY-ST-ZIP **ORLANDO FL 32801**

3.1 TITLE ☐ Change ☐ Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
 NAME **STRAUGHAN, PATRICIA A.** **Exec. Director**
 STREET ADDRESS **2414 34TH AVE N**
 CITY-ST-ZIP **ST. PETERSBURG FL**

4.1 TITLE ☐ Change ☐ Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
 NAME **Sandra Sanderson** **V.P.**
 STREET ADDRESS **135 W. Central Blvd. #350**
 CITY-ST-ZIP **Orlando, FL 32801**

5.1 TITLE ☐ Change ☐ Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Patricia A. Straughan 1/16/98 813/985-5200

CP2E037 (10/97)