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**FILED**  
**Feb 24, 1999 8:00 am**  
**Secretary of State**

02-24-1999 90120 037 \*\*\*\*61.25

0050852

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N01084**

1. Corporation Name

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

Principal Place of Business

6925 N 56TH ST #210  
TAMPA FL 33617  
US

Mailing Address

6925 N 56TH ST #210  
TAMPA FL 33617



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

01/25/1984

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

9. Name and Address of Current Registered Agent

PATRICIA A STRAUGHAN  
2414 34TH AVE N  
ST PETERSBURG FL 33713

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DVP  
NAME SANDRA SANDERSON  
STREET ADDRESS 135 W CENTRAL BLVD #350  
CITY-ST-ZIP ORLANDO FL 32801 ☒ DELETE

TITLE DC  
NAME GONZALEZ, LINDA  
STREET ADDRESS 390 NO. ORANGE SUITE 700  
CITY-ST-ZIP ORLANDO FL 32801 ☒ DELETE

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE T  
1.2 NAME Robert Benscoter  
1.3 STREET ADDRESS 1609 Sand Hollow Lane  
1.4 CITY-ST-ZIP Valrico, FL 33594 ☐ Change ☒ Addition

2.1 TITLE C  
2.2 NAME Roland Rodriguez  
2.3 STREET ADDRESS 2512 W. Fern Street  
2.4 CITY-ST-ZIP Tampa, FL 33614 ☐ Change ☒ Addition

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

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

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

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

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, 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

1/14/99

813/985-5200

CR2E037 (11/98)