

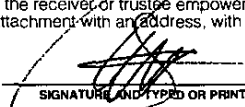


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # N03000001560</b> 1. Entity Name <b>FLBK FOUNDATION, INC.</b>						<b>FILED</b> 04 JUL -2 AM 11:16 04/05/04 190478001 36125 SECRETARY OF STATE TALLAHASSEE, FLORIDA 	
Principal Place of Business <b>5210 BELFORT ROAD SUITE 310 JACKSONVILLE, FL 32256</b>				Mailing Address <b>5210 BELFORT ROAD SUITE 310 JACKSONVILLE, FL 32256</b>			
2. Principal Place of Business		3. Mailing Address		07062004 Chg-NP CR2E037 (10/03)		4. FEI Number <b>34-1974919</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		City & State		City & State	
City & State		City & State		Zip		Country	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
<b>AMERICAN INFORMATION SERVICES, INC. ONE S.E. THIRD AVENUE, SUITE 2800 MIAMI, FL 33131</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> Zip Code			
8. 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. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
<b>Filing Fee is \$61.25 Due by September 8, 2004</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>P. Bruce Culpepper Akermann, Senterfitt &amp; Edison P.A. P.O. Box 10555 Tallahassee, FL 32302-2555</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	President <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>Charles E. Hughes, Jr. Florida Banks, Inc. 5210 Belfort Rd. #310 Jacksonville, FL 32256</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chairman, M.G. Sanchez <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>4717 NW 57th Drive Gainesville, FL 32606-4369</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary/Treasurer <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>T. Edwin Stinson, Jr. Florida Banks, Inc. 5210 Belfort Rd. #310 Jacksonville, FL 32256</b>		
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered officers or directors.							
<b>SIGNATURE:</b> 				<b>Edwin Stinson, Jr.</b> <b>Chief Financial Officer Secretary/Treasurer</b>			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <b>7-6-04</b> Daytime Phone #			