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May 20 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N12967** (8)

1. Corporation Name

**FLORIDA AMERICAN INSTITUTE OF BANKING, INC.**



Principal Place of Business <b>2315 EDGEWATER DR PO BOX 540885 ORLANDO FL 32854-0885 US</b>		Mailing Address <b>2315 EDGEWATER DR PO BOX 540885 ORLANDO FL 32854-0885 US</b>	
2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>	3. Date Incorporated or Qualified <b>12/10/1985</b>	3a. Date of Last Report <b>04/30/1996</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>	4. FEI Number <b>59-2816116</b>	Applied For <input type="checkbox"/> Not Applicable
City & State <b>23</b>	City & State <b>28</b>	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
Zip <b>24</b>	Country <b>25</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
Zip <b>29</b>	Country <b>30</b>	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BARTON, GLEN  
214 S BRONOUGH ST  
TALLAHASSEE FL 32301**

**81** Name  
**GLEN BARTON**  
**82** Street Address (P.O. Box Number is Not Acceptable)  
**1001 THOMASVILLE ROAD, SUITE 201**  
**83**  
**84** City  
**TALLAHASSEE**  
**FL** **85** Zip Code  
**32303**

11. Pursuant to the provisions of Sections 617.0502 and 617.1506, 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>M</b>	<b>DUNN, BARBARA</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE <b>PRESIDENT</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/>
NAME		1.2 NAME	
STREET ADDRESS	<b>2315 EDGEWATER DR</b>	1.3 STREET ADDRESS	<b>***ON PAGES FOLLOWING***</b>
CITY-ST-ZIP	<b>ORLANDO FL</b>	1.4 CITY-ST-ZIP	
TITLE <b>C</b>	<b>THOMPSON, JOSEPH</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE <b>TREASURER</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/>
NAME		2.2 NAME	
STREET ADDRESS	<b>6800 TAFT STREET</b>	2.3 STREET ADDRESS	<b>***ON PAGES FOLLOWING***</b>
CITY-ST-ZIP	<b>HOLLYWOOD FL</b>	2.4 CITY-ST-ZIP	
TITLE <b>ED</b>	<b>BOYER, JEAN</b> <input type="checkbox"/> DELETE	3.1 TITLE <b>MANAGING DIRECTOR</b>	<input type="checkbox"/> Addition <input checked="" type="checkbox"/>
NAME		3.2 NAME	
STREET ADDRESS	<b>750 NORTH CENTRAL AVENUE</b>	3.3 STREET ADDRESS	<b>2315 EDGEWATER DRIVE</b>
CITY-ST-ZIP	<b>UMATILLA FL</b>	3.4 CITY-ST-ZIP	<b>ORLANDO FL 32804</b>
TITLE <b>S</b>	<b>BARTON, GLEN</b> <input type="checkbox"/> DELETE	4.1 TITLE <b>ADVISOR / SECRETARY</b>	<input type="checkbox"/> Addition <input checked="" type="checkbox"/>
NAME		4.2 NAME	
STREET ADDRESS	<b>214 S BRONOUGH ST</b>	4.3 STREET ADDRESS	<b>1001 THOMASVILLE ROAD, SUITE 201</b>
CITY-ST-ZIP	<b>TALLAHASSEE FL</b>	4.4 CITY-ST-ZIP	<b>TALLAHASSEE FL 32303</b>
TITLE <b>DT</b>	<b>KESLER, CINDY</b> <input type="checkbox"/> DELETE	5.1 TITLE <b>DIRECTOR</b>	<input type="checkbox"/> Addition <input checked="" type="checkbox"/>
NAME		5.2 NAME	
STREET ADDRESS	<b>7000 S HWY 441</b>	5.3 STREET ADDRESS	<b>10415 US HIGHWAY 441</b>
CITY-ST-ZIP	<b>LEESBURG FL 34788</b>	5.4 CITY-ST-ZIP	<b>LEESBURG FL 34788</b>
TITLE <b>D</b>	<b>MCCULLOUGH, BARBARA</b> <input type="checkbox"/> DELETE	6.1 TITLE <b>PRESIDENT-ELECT</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/>
NAME		6.2 NAME	
STREET ADDRESS	<b>101 E 23 ST</b>	6.3 STREET ADDRESS	<b>101 E 23RD STREET</b>
CITY-ST-ZIP	<b>PANAMA CITY FL 32402</b>	6.4 CITY-ST-ZIP	<b>PANAMA CITY FL 32405-4501</b>

14. I do 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.

CR2E037 (9/96)

**NONPROFIT CORPORATION  
ANNUAL REPORT  
1997**

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FLORIDA AMERICAN INSTITUTE OF BANKING, INC.

2315 EDGEWATER DRIVE  
P O BOX 540885  
ORLANDO FL 32854-0885 U. S.

**OFFICERS AND DIRECTORS**

**#13 ADDITIONS**

**PRESIDENT**

JOHN HUTCHISON  
217 N MONROE STREET  
TALLAHASSEE FL 32301-7690

DIRECTOR  
CONNIE FOSTER  
101 EAST 23RD STREET  
PANAMA CITY FL 32402

**TREASURER**

JOHN EIFLER  
203 E SILVER SPRINGS BLVD  
OCALA FL 34470

DIRECTOR  
BETHANY H CORUM  
420 E JEFFERSON STREET, SUITE 106  
TALLAHASSEE FL 32301

PAST PRESIDENT  
SUSAN PATTIE  
203 E SILVER SPRINGS BLVD  
OCALA FL 34470

DIRECTOR  
MICHAEL GRANTHAM  
217 N MONROE STREET  
TALLAHASSEE FL 32301-7690

DIRECTOR  
KATHY YARBROUGH  
2601 SOUTH BAY STREET  
EUSTIS FL 32726

DIRECTOR  
CHERYL THOMPSON  
315 SOUTH CALHOUN STREET  
TALLAHASSEE FL 32301-1836

DIRECTOR  
SANDY SECKINGER  
11472 NORTH WILLIAMS STREET  
DUNNELLON FL 34432

DIRECTOR  
LINDA CHATMAN  
134 FORT DADE AVENUE  
BROOKSVILLE FL 34601

DIRECTOR  
W H TINSLEY  
193 EGLIN PARKWAY NE  
FORTWALTON BEACH FL 35248

DIRECTOR  
FRAN MCGEE  
7139 N 9TH AVENUE  
PENSACOLA FL 32504

DIRECTOR  
LAURIE KNIGHT  
23 JOHN SIMS PARKWAY  
VALPARAISO FL

DIRECTOR  
KRISTA MURZIN  
5041 BAYOU BLVD  
PENSACOLA FL 32503

DIRECTOR  
GAIL DAVIS  
4920 BAYOU BOULEVARD  
PENSACOLA FL 32503