

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # N12967 (8)

1. Corporation Name

FLORIDA AMERICAN INSTITUTE OF BANKING, INC.

Principal Place of Business

Mailing Address

2315 EDGEWATER DR
PO BOX 540885
ORLANDO FL 32854-0085
US

2315 EDGEWATER DR
PO BOX 540885
ORLANDO FL 32854-0085
US

2. Principal Place of Business

21 2801 S. Bay Street

Suite, Apt. #, etc.

22 B

City & State

23 Eustis FL 32726-6503

Zip

Country

24 32726-6503

25

USA

2a. Mailing Address

26 2801 S. Bay Street

Suite, Apt. #, etc.

27 B

City & State

28 Eustis FL 32726-6503

Zip

Country

29 32726-6503

30

USA

9. Name and Address of Current Registered Agent

BARTON, GLEN
1001 THOMASVILLE RD
STE 201
TALLAHASSEE FL 32303

3. Date Incorporated or Qualified

12/10/1985

4. FEI Number

59-2816116

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

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

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 P
NAME HUTCHISON, JOHN
STREET ADDRESS 217 N MONROE ST
CITY-ST-ZIP TALLAHASSEE FL

☐ DELETE

TITLE T
NAME EIFLER, JOHN
STREET ADDRESS 203 E SILVER SPRINGS BLVD
CITY-ST-ZIP OCALA FL

☒ DELETE

TITLE D
NAME BOYER, JEAN
STREET ADDRESS 2315 EDGEWATER DR
CITY-ST-ZIP ORLANDO FL

☐ DELETE

TITLE S
NAME BARTON, GLEN
STREET ADDRESS 1001 THOMASVILLE RD STE 201
CITY-ST-ZIP TALLAHASSEE FL

☐ DELETE

TITLE D
NAME KESLER, CINDY
STREET ADDRESS 10415 US HWY 441
CITY-ST-ZIP LEEsburg FL

☒ DELETE

TITLE P
NAME MCCULLOUGH, BARBARA
STREET ADDRESS 101 E 23RD ST
CITY-ST-ZIP PANAMA CITY FL

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PAST PRESIDENT / Δ

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

☐ Addition

2.1 TITLE TREASURER / Δ

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change

3.1 TITLE MANAGING DIRECTOR / Δ

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change

☐ Addition

5.1 TITLE PRESIDENT-ELECT / Δ

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change

6.1 TITLE PRESIDENT / Δ

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(l), 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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/7/98

Date

352-589-9555

Daytime Phone #

CR2E037 (5/98)