

**FILED**  
**Apr 09, 1999 8:00 am**  
**Secretary of State**

04-09-1999 90088 006 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N12967**

1. Corporation Name  
**FLORIDA AMERICAN INSTITUTE OF BANKING, INC.**

Principal Place of Business 2801 S BAY ST SUITE B EUSTIS FL 32726 US	Mailing Address 2801 S BAY ST SUITE B EUSTIS FL 32726 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 12/10/1985
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2816116
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
	Zip 29	Country 30

9. Name and Address of Current Registered Agent  BARTON, GLEN 1001 THOMASVILLE RD STE 201 TALLAHASSEE FL 32303	10. Name and Address of New Registered Agent 81 Name Jean K. Boyer 82 Street Address (P.O. Box Number is Not Acceptable) 2801 S. Bay Street 83 Suite B 84 City Eustis FL 85 Zip Code 32726-6503
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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: Jean K. Boyer DATE: 4/20/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD NAME HUTCHISON, JOHN STREET ADDRESS 217 N MONROE ST CITY-ST-ZIP TALLAHASSEE FL	<input checked="" type="checkbox"/> DELETE	1.1 TITLE V/D 1.2 NAME Kathy Yarbrough 1.3 STREET ADDRESS 2601 S. Bay Street 1.4 CITY-ST-ZIP Eustis FL 32726	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE TD NAME DEVANE-KIGHT, MELODY STREET ADDRESS 601 N MONROE ST CITY-ST-ZIP TALLAHASSEE FL 32301	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME BOYER, JEAN STREET ADDRESS 2801 S BAY STREET, #B- CITY-ST-ZIP EUSTIS FL 32726	<input type="checkbox"/> DELETE	3.1 TITLE M 3.2 NAME Jean Boyer 3.3 STREET ADDRESS 2801 S. Bay Street, Suite B 3.4 CITY-ST-ZIP Eustis FL 32726-6503	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE S NAME BARTON, GLEN STREET ADDRESS 1001 THOMASVILLE RD STE 201 CITY-ST-ZIP TALLAHASSEE FL	<input type="checkbox"/> DELETE	4.1 TITLE Glen Barton 4.2 NAME 4.3 STREET ADDRESS 2921 Roberts Avenue 4.4 CITY-ST-ZIP Tallahassee FL 32310	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE PD NAME PATTIE, SUSAN STREET ADDRESS 203 E SILVER SPRINGS BLVD CITY-ST-ZIP OCALA FL 34470	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE PD NAME MCCULLOUGH, BARBARA STREET ADDRESS 101 E 23RD ST CITY-ST-ZIP PANAMA CITY FL	<input type="checkbox"/> DELETE	6.1 TITLE Past President/Director 6.2 NAME Barbara McCullough 6.3 STREET ADDRESS 101 E 23rd Street 6.4 CITY-ST-ZIP Panama City FL 32405	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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, with all other like empowered.

SIGNATURE: Jean K. Boyer DATE: 3/31/99 352-589-9555  
 Executive Director Daytime Phone #

CR20037 (1/98)