

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

4-3538-10

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 APR 14 AM 9:43

DOCUMENT # N13629 (3)
1. Corporation Name
NORTHEAST FLORIDA CHAPTER, AMERICAN INSTITUTE OF BANKING, INC.

Principal Place of Business Mailing Address
112 W ADAMS ST., SUITE 1425 JACKSONVILLE FL 32202

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **02/28/1986** 3a. Date of Last Report **03/25/1994**
4. FEI Number **59-2626656** Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip Country 29 Zip Country

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. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**PHILLIPS, LISA
112 W. ADAMS ST., STE. 1425
JACKSONVILLE FL 32202**

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes. *Lisa Phillips*
SIGNATURE *Lisa Phillips Executive Director* DATE **1/26/95**
Signature, typed or printed name of registered agent (if 4 applicable) (NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS
TITLE NAME STREET ADDRESS CITY - ST - ZIP
DO PRYOR, MARVA 800 WATER ST JACKSONVILLE FL
DO PARNELL, RAY 1234 KING ST. JACKSONVILLE FL
DO TAYLOR, GREG 8000 SOUTHSIDE BLVD. JACKSONVILLE FL
PD SPALDING, CATHERINE 225 WATER ST. JACKSONVILLE FL
D HULLSEY, DREW P.O. BOX 1754 PONTE VEDRA BEACH FL
D SLATE, BETH P.O. BOX 179 JACKSONVILLE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE DO Change Addition
1.2 NAME Rick Graham
1.3 STREET ADDRESS 225 Water Street, Jacksonville, FL
1.4 CITY - ST - ZIP 32202
2.1 TITLE PD Change Addition
2.2 NAME Ray Parnell NA
2.3 STREET ADDRESS P.O. Box 2578, Jacksonville, FL
2.4 CITY - ST - ZIP 32203
3.1 TITLE DO Change Addition
3.2 NAME Taylor Greg
3.3 STREET ADDRESS 9000 Southside Blvd
3.4 CITY - ST - ZIP Jacksonville, FL
4.1 TITLE D Change Addition
4.2 NAME Catherine Spalding
4.3 STREET ADDRESS 225 Water Street, Jacksonville, FL
4.4 CITY - ST - ZIP 32202
5.1 TITLE DO Change Addition
5.2 NAME Tony Brauda NA
5.3 STREET ADDRESS P.O. Box 1739, Fernandina Beach, FL
5.4 CITY - ST - ZIP 32034
6.1 TITLE Change Addition
6.2 NAME Phil Blevins
6.3 STREET ADDRESS 6430 Southside Blvd., Jacksonville,
6.4 CITY - ST - ZIP FL 32216

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(4), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Raymond Charnell* DATE **(904) 384-7541**
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR