

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N13629** (3)

1. Corporation Name

NORTHEAST FLORIDA CHAPTER, AMERICAN INSTITUTE OF BANKING, INC.



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

3. Date Incorporated or Qualified: 02/28/1986
3a. Date of Last Report: 04/14/1995

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip 24 Country 25 Zip 26 Country

24 25 29 30

4. FEI Number: 59-2626656 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes [] No [x]

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PHILLIPS, LISA
112 W. ADAMS ST., STE. 1425
JACKSONVILLE FL 32202

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: *Lisa Phillips* Executive Director 2/6/96
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	DO	<input type="checkbox"/> DELETE
NAME	GRAHAM, RICK	
STREET ADDRESS	225 WATER STREET	
CITY - ST - ZIP	JACKSONVILLE FL	
TITLE	DO	<input type="checkbox"/> DELETE
NAME	PARNELL, RAY	
STREET ADDRESS	P.O. BOX 2578	
CITY - ST - ZIP	JACKSONVILLE FL	
TITLE	DO	<input type="checkbox"/> DELETE
NAME	TAYLOR, GREG	
STREET ADDRESS	9000 SOUTHSIDE BLVD.	
CITY - ST - ZIP	JACKSONVILLE FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	SPALDING, CATHERINE	
STREET ADDRESS	225 WATER ST.	
CITY - ST - ZIP	JACKSONVILLE FL	
TITLE	DO	<input checked="" type="checkbox"/> DELETE
NAME	BRAUDA, TONY	
STREET ADDRESS	P.O. BOX 1739	
CITY - ST - ZIP	FERNANDINA BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BLEVINS, PHIL	
STREET ADDRESS	6430 SOUTHSIDE BLVD.	
CITY - ST - ZIP	JACKSONVILLE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Spalding, Catherine
4.3 STREET ADDRESS	225 Water Street, Jacksonville, FL
4.4 CITY - ST - ZIP	
5.1 TITLE	President/Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Harsha Ramayya
5.3 STREET ADDRESS	PO Box 1929
5.4 CITY - ST - ZIP	St. Augustine, FL 32085-1929 N/A
6.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	LeeAnn Buck
6.3 STREET ADDRESS	1562 Atlantic Boulevard
6.4 CITY - ST - ZIP	Jacksonville, FL 32207

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 119.07(3)(k), 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.

SIGNATURE: *Harsha Ramayya* 2-5-96 (800) 548-6451
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)