## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

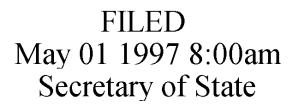
Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N13629

(3)

NORTHEAST FLORIDA CHAPTER, AMERICAN INSTITUTE OF BANKING, INC.

Principal Place of Business	
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Principal Plac	ce of Business	Mailing Address		) 4mm/cime dat 100mb breit delta finen iner mente abbet miner neber neber neber einer menter eine		
112 W ADAMS S JACKSONVILLE I	st., suite 1425 Fl 32202	112 W ADAMS ST., SUITE JACKSONVILLE FL 32202-3				
					3. Date Incorporated or Qualified 02/28/1986	3a. Date of Last Report 03/04/1996
2. Principal f	Place of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26	<del></del>		59-2626656	Not Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Sta	te	City & State	<del></del>	<del>-</del>	6. Election Campaign Financing	\$5.00 May Be
<b>├</b> ─┐ '		28			Trust Fund Contribution	Added to Fees
Zip	Country	Zip Country		8. This corporation has liability for	intangible tax under s. 199.032,	
24	25	29	30			Yes No
	9. Name and Address of Curren	it Registered Agent		T 81.	10. Name and Address of New R	egistered Agent
			81	Name		
PHILLIPS			82	Street	Address (P.O. Box Number is Not Accepta	ble)
	DAMS ST., STE. 1425		83	-		
JACKSUI	WILLE FL 32202			<u> </u>		
	•		84	City		FL 85 Zip Code
11. Pursuant	to the provisions of Sections 617.050.	2 and 617.1508, Florida State	utes, the abov	e-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 ations of Section 617,0503. F	authorized b	y the corp	poration's board of directors. I hereby acce	pt the appointment as registered
SIGNATURE	La UST mon	'- " '* Y '\)	1,05	-	4	18 97
SIGNATURE	Signature, typed or printed name of register of age		OTE: Phoistered Ad	ent signature	required when reinstating)	DATE
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFI	
TITLE	DO	☐ DELETE	1.1 TITLE		<b>,</b>	Change Additio
NAME	GRAHAM, RICK		1.2 NAME			
STREET ADDRESS	225 WATER STREET			T ADDRESS		
CITY-ST-ZIP TITLE	JACKSONVILLE FL DO	DELETE	1.4 CITY- 2.1 TITLE	51 - ZIP		Change Additio
NAMÉ	DADNELL DAY	Ca Preside	2.2 NAME			
STREET ADDRESS	I a a a sui a a a a a l' V Tank			T ADORESS		
CITY-ST-ZIP	JACKSONVILLE FL		2. 4 CITY-			
TITLE	DO	DELETE	3.1 TITLE			Change Additio
NAME	TAYLOR, GREG		3.2 NAME			
STREET ADDRESS	9000 SOUTHSIDE BLVD.		3.3 STREE	T ADDRESS		
CHIV-SI-ZIP	JACKSONVILLE FL		3.4. CITY-	ST-ZIP		
HILE	D	DELETE	4.1 TITLE	-	סת	☐ Change 🙀 Additio
NAME	SPALDING, CATHERINE		4. 2 NAME		Tanya Powers	
STREET ADORESS	DEC ITTION OF			T ADDRESS	200 West Forsyth S	treet
CITY-ST-ZIP	JACKSONMLLE FL	LIBULT	4.4 CITY-	ST-ZIP	Jacksonville, FL	
TITLE	PD	☐ DELETE	5.1 TITLE			Change Additio
NAME CARECA ADDOCCO	RAMAYYA, HARSHA PO BOX 1929	Δ	5.2 NAME			
STREET ADDRESS		7	5.3 STREE 5.4 CITY-	T ADDRESS		
	I OT ALIQUIQUANE EI			N 1 - 73P	ì	
CITY ST ZIP	ST AUGUSTINE FL	DELETE		D1 24		Change Addition
TITLE	D	☐ DELETE	6.1 TITLE			Change Additio
TITLE NAME	D BUCK, LEEANN	☐ DELETE	6.1 TITLE 6.2 NAME			Change Additio
TITLE	D BUCK, LEEANN	☐ DELETE	6.1 TITLE 6.2 NAME	T ADDRESS		☐ Change ☐ Addilio

report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as it made under oath; that poration or the receiver of truetee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name I am an officer or director of appears in Block 12 or Block ent with an address.

SIGNATURE:

4-7-97