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May 01 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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 Mailing Address
112 W ADAMS ST., SUITE 1425 JACKSONVILLE FL 32202 112 W ADAMS ST., SUITE 1425 JACKSONVILLE FL 32202-3833

3. Date Incorporated or Qualified 02/28/1986 3a. Date of Last Report 03/04/1996

2. Principal Place of Business 2a. Mailing Address 4. FEI Number 59-2626656 Applied For Not Applicable
22. Suite, Apt #, etc. 27. Suite, Apt #, etc. 5. Certificate of Status Desired \$8.75 Additional Fee Required
23. City & State 28. City & State 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
24. Zip Country 29. Zip Country 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 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 4/8/97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DO	GRAHAM, RICK	1.1 TITLE	
NAME	225 WATER STREET	1.2 NAME	
STREET ADDRESS	JACKSONVILLE FL	1.3 STREET ADDRESS	
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
TITLE DO	PARNELL, RAY NA	2.1 TITLE	
NAME	P.O. BOX 2578	2.2 NAME	
STREET ADDRESS	JACKSONVILLE FL	2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE DO	TAYLOR, GREG	3.1 TITLE	
NAME	9000 SOUTHSIDE BLVD.	3.2 NAME	
STREET ADDRESS	JACKSONVILLE FL	3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE D	SPALDING, CATHERINE	4.1 TITLE	NO
NAME	225 WATER ST.	4.2 NAME	Tanya Powers
STREET ADDRESS	JACKSONVILLE FL	4.3 STREET ADDRESS	200 West Forsyth Street
CITY - ST - ZIP		4.4 CITY - ST - ZIP	Jacksonville, FL 32202
TITLE PD	RAMAYYA, HARSHA NA	5.1 TITLE	
NAME	PO BOX 1929	5.2 NAME	
STREET ADDRESS	ST AUGUSTINE FL	5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE D	BUCK, LEEANN	6.1 TITLE	
NAME	1562 ATLANTIC BLVD	6.2 NAME	
STREET ADDRESS	JACKSONVILLE FL	6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: [Signature] 4-7-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone Number

CR2E037 (9/96)