

FILE NOW: FILING FEE IS \$61.25

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N13629

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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| NONPROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # N13629
1. Corporation Name **NORTHEAST FLORIDA CHAPTER, AMERICAN INSTITUTE OF BANKING, INC.**
An amendment was filed. A copy is enclosed.
Southeast Regional Chapter, American Institute of Banking, Inc.

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| Principal Place of Business 112 W ADAMS ST., SUITE 1425 JACKSONVILLE FL 32202 | Mailing Address 112 W ADAMS ST., SUITE 1425 JACKSONVILLE FL 32202 |
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|---|--|---|-----------------------------|-------------------------------|
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country | 3. Date Incorporated or Qualified 02/28/1988 | 4. FBI Number 59-2626656 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | | |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | | \$5.00 May Be Added to Fees | | |

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|--|---|
| 9. Name and Address of Current Registered Agent PHILLIPS, USA 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 |
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when replacing)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|---|
| TITLE | DO GRAHAM, RICK <input checked="" type="checkbox"/> DELETE | 1.1 TITLE | DO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | GRAHAM, RICK | 1.2 NAME | Dane Murray |
| STREET ADDRESS | 225 WATER STREET | 1.3 STREET ADDRESS | PO Box 1167 |
| CITY-ST-ZIP | JACKSONVILLE FL | 1.4 CITY-ST-ZIP | Walterboro, SC 29488 |
| TITLE | DO PARNELL, RAY <input checked="" type="checkbox"/> DELETE | 2.1 TITLE | PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | PARNELL, RAY | 2.2 NAME | Elaine Rowers |
| STREET ADDRESS | PO BOX 2578 N/A | 2.3 STREET ADDRESS | PO Box 1029 |
| CITY-ST-ZIP | JACKSONVILLE FL | 2.4 CITY-ST-ZIP | Greenville, SC 29602 |
| TITLE | DO TAYLOR, GREG <input type="checkbox"/> DELETE | 3.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | TAYLOR, GREG | 3.2 NAME | 12735 Gran Bay Parkway, Ste. 1000 |
| STREET ADDRESS | 9000 SOUTHSIDE BLVD. | 3.3 STREET ADDRESS | Jacksonville, FL 32258 |
| CITY-ST-ZIP | JACKSONVILLE FL | 3.4 CITY-ST-ZIP | |
| TITLE | DO POWERS, TANYA <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | POWERS, TANYA | 4.2 NAME | |
| STREET ADDRESS | 200 W FORSYTH ST | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | JACKSONVILLE FL | 4.4 CITY-ST-ZIP | |
| TITLE | PD RAMAYYA, HARSHA <input type="checkbox"/> DELETE | 5.1 TITLE | DO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | RAMAYYA, HARSHA | 5.2 NAME | |
| STREET ADDRESS | PO BOX 1929 N/A | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | ST AUGUSTINE FL | 5.4 CITY-ST-ZIP | |
| TITLE | D BUCK, LEEANN <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BUCK, LEEANN | 6.2 NAME | |
| STREET ADDRESS | 1562 ATLANTIC BLVD | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | JACKSONVILLE FL | 6.4 CITY-ST-ZIP | |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(5)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplement 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 817, 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 lists empowered.

SIGNATURE: SIGNATURE REQUIRED 1/29/99 904-457-5588
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

B. PAYNE NOV 10 1999

CR2ED37 (11/98)