## 2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# N17614

FILED Oct 31, 2006 Secretary of State

Entity Name: SUNCOAST BANKERS COMPLIANCE ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 

C/O UNITED BANK, P.O.BOX 14517 C/O RAYMOND JAMES BANK, FSB

ST PETERSBURG, FL 33733 710 CARILLON PKWY

ST PETERSBURG, FL 33716

**Current Mailing Address:** New Mailing Address:

C/O UNITED BANK, P.O.BOX 14517 C/O RAYMOND JAMES BANK, FSB

ST PETERSBURG, FL 33733 710 CARILLON PKWY

ST PETERSBURG, FL 33716 US

FEI Number: 59-2317807 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

GILMAN, SUE A MANGANIELLO, SUZANNE C/O RAYMOND JAMES BANK, FSB C/O UNITED BANK, P.O.BOX 14517 ST PETERSBURG, FL 33733

710 CARILLON PKWY ST PETERSBURG, FL 33716 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: SUZANNE MANGANIELLO 10/31/2006

> Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change ( ) Addition () Delete

KUECKEN, RUSSELL MANGANIELLO, SUZANNE Name: Name: POST OFFICE BOX 15708 Address: 710 CARILLON PKWY Address:

City-St-Zip: SAINT PETERSBURG, FL 33733 57 City-St-Zip: SAINT PETERSBURG, FL 33716 57

Title: PD ( ) Delete Title: (X) Change ( ) Addition

DUVAL, PAT Name: GILMAN, SUE A Name:

Address: 2901 EAST FOWLER AVENUE Address: 9001 BELCHER RD City-St-Zip: TAMPA, FL 33612 57 City-St-Zip: PINELLAS PARK, FL 33782 57

Title: () Delete Title: **VPD** (X) Change ( ) Addition

MANGANIELLO, SUZANNE BAKER, MARCIA L Name: Name:

710 CARILLON PARKWAY 509 W. ALEXANDER ST Address: Address: City-St-Zip: SAINT PETERSBURG, FL 33733 City-St-Zip: PLANT CITY, FL 33563

Title: RD ( ) Delete Title: RD (X) Change ( ) Addition

Name: CAROL, KINNARD Name: LAMPHEAR, BARBARA Address: 9037 US HWY 19 Address: P.O. BOX ONE City-St-Zip: PORT RICHEY, FL 34668 City-St-Zip: TAMPA, FL 33601 00

Title:

Title: () Delete () Change () Addition BENSEN, NORMAN Name: Name: POST OFFICE BOX 1538 Address: Address:

City-St-Zip: VENICE, FL 34284 City-St-Zip:

Title: () Delete Title: (X) Change ( ) Addition STEINAGEL, LISA GILMAN, SUE Name: Name:

Address: P.O.BOX 14517 Address: 7555 DR MLK JR ST N ST PETERSBURG, FL 33733 ST PETERSBURG, FL 33702 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARCIA BAKER **VPD** 10/31/2006

Electronic Signature of Signing Officer or Director

Date