

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17614

FILED
Feb 28, 2008
Secretary of State

Entity Name: SUNCOAST BANKERS COMPLIANCE ASSOCIATION, INC.

Current Principal Place of Business:

C/O RAYMOND JAMES BANK, FSB
710 CARILLON PKWY
ST PETERSBURG, FL 33716 US

New Principal Place of Business:

Current Mailing Address:

C/O RAYMOND JAMES BANK, FSB
710 CARILLON PKWY
ST PETERSBURG, FL 33716 US

New Mailing Address:

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

Name and Address of Current Registered Agent:

MANGANIELLO, SUZANNE
C/O RAYMOND JAMES BANK, FSB
710 CARILLON PKWY
ST PETERSBURG, FL 33716 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: MANGANIELLO, SUZANNE
Address: 710 CARILLON PKWY
City-St-Zip: SAINT PETERSBURG, FL 33716 57

Title: PD () Delete
Name: GILMAN, SUE A
Address: 7441 114TH AVE N STE 601
City-St-Zip: LARGO, FL 33777 57

Title: VPD () Delete
Name: BAKER, MARCIA L
Address: 509 W. ALEXANDER ST
City-St-Zip: PLANT CITY, FL 33563

Title: RD () Delete
Name: LAMPHEAR, BARBARA
Address: P.O. BOX ONE
City-St-Zip: TAMPA, FL 33601 00

Title: TD () Delete
Name: BENSEN, NORMAN
Address: POST OFFICE BOX 1538
City-St-Zip: VENICE, FL 34284

Title: SD () Delete
Name: STEINAGEL, LISA
Address: 7555 DR MLK JR ST N
City-St-Zip: ST PETERSBURG, FL 33702

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CD (X) Change () Addition
Name: GILMAN, SUE
Address: 7441 114TH AVE N STE 601
City-St-Zip: LARGO, FL 33777 57

Title: PD (X) Change () Addition
Name: BAKER, MARCIA L
Address: 509 W ALEXANDER ST
City-St-Zip: PLANT CITY, FL 33563

Title: VPD (X) Change () Addition
Name: KUECKEN, RUSSELL
Address: 1680 FRUITVILLE ROAD
City-St-Zip: SARASOTA, FL 34236

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: STOLTZ, DONALD
Address: 920 N JOHN YOUNG PKWY
City-St-Zip: KISSIMMEE, FL 34741

I hereby certify that the information supplied with this filing does not qualify 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: DONALD STOLTZ

SD

02/28/2008

Electronic Signature of Signing Officer or Director

Date