

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17614

FILED
Feb 10, 2012
Secretary of State

Entity Name: SUNCOAST BANKERS COMPLIANCE ASSOCIATION, INC.

Current Principal Place of Business:

C/O CENTER STATE BANK CENTRAL FL
920 N JOHN YOUNG PKWY
KISSIMMEE, FL 34741 US

New Principal Place of Business:

C/O US AMERIBANK
4790 140TH AVE. N.
CLEARWATER, FL 33762 US

Current Mailing Address:

C/O CENTER STATE BANK CENTRAL FL
920 N JOHN YOUNG PKWY
KISSIMMEE, FL 34741 US

New Mailing Address:

C/O US AMERIBANK
4790 140TH AVE. N.
CLEARWATER, FL 33762 US

FEI Number: 59-2749914

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STOLTZ, DONALD
C/O CENTER STATE BANK CENTRAL FL
920 N JOHN YOUNG PKWY
KISSIMMEE, FL 34741 US

Name and Address of New Registered Agent:

STEINAGEL, LISA
C/O US AMERIBANK
4790 140TH AVE N.
CLEARWATER, FL 33762 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: LISA STEINAGEL

02/10/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VPD
Name: FIORILLO, CHRISTINE
Address: 802 W. LUMSDEN RD.
City-St-Zip: BRANDON, FL 33511

Title: SD
Name: SWAILES, SUZIE
Address: 13315 US HWY. 301
City-St-Zip: DADE CITY, FL 33525

Title: CD
Name: STEINAGEL, LISA
Address: 4790 140TH AVE. N.
City-St-Zip: CLEARWATER, FL 33762

Title: RD
Name: BRATCHER, RHEA
Address: 4830 W. KENNEDY BLVD., STE. 200
City-St-Zip: TAMPA, FL 33609

Title: TD
Name: NAKASHIGE, CHERYL A
Address: 101 SO FLORIDA AVENUE
City-St-Zip: LAKELAND, FL 33801

Title: PD
Name: GILMAN, SUE A
Address: 401 S FLORIDA AVE SUITE 100
City-St-Zip: TAMPA, FL 33602

I hereby 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 all other like empowered.

SIGNATURE: SUZIE SWAILES

SD

02/10/2012

Electronic Signature of Signing Officer or Director

Date