

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 700004

**Entity Name:** FLORIDA FINANCIAL SERVICES ASSOCIATION, INC.

**FILED**  
**Jan 08, 2021**  
**Secretary of State**  
**9367144735CC**

**Current Principal Place of Business:**

215 SOUTH MONROE STREET  
SUITE 500  
TALLAHASSEE, FL 32301

**Current Mailing Address:**

215 SOUTH MONROE STREET  
SUITE 500  
TALLAHASSEE, FL 32301 US

**FEI Number: 59-0661624**

**Certificate of Status Desired: No**

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

JENKINS, C. SCOTT  
215 SOUTH MONROE STREET  
SUITE 500  
TALLAHASSEE, FL 32301 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: C. SCOTT JENKINS**

**01/08/2021**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            JENKINS, C. SCOTT  
Address        215 SOUTH MONROE STREET  
                  SUITE 500  
City-State-Zip: TALLAHASSEE FL 32301

Title            OFFICER  
Name            SCAFFIDI, SALVATORE  
Address        12218 W. HILLSBOROUGH AVE  
City-State-Zip: TAMPA FL 33635

Title            OFFICER  
Name            CLANCY, AUSTIN  
Address        324 S. DONMOORE AVE.  
City-State-Zip: BATON ROUGE LA 70806

Title            ADMINISTRATOR  
Name            PULLEN, KIMBERLY H.  
Address        215 SOUTH MONROE STREET  
                  SUITE 500  
City-State-Zip: TALLAHASSEE FL 32301

Title            ADMINISTRATOR  
Name            HEBRANK, KARI B.  
Address        215 SOUTH MONROE STREET  
                  SUITE 500  
City-State-Zip: TALLAHASSEE FL 32301

*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: KIMBERLY PULLEN**

**ADMINISTRATOR**

**01/08/2021**

Electronic Signature of Signing Officer/Director Detail

Date