

**2022 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P18328

**Entity Name:** FINANCIAL INSTITUTION BENEFIT ASSOCIATION, INC.

**Current Principal Place of Business:**

11601 ROOSEVELT BLVD.  
ST. PETERSBURG, FL 33716

**Current Mailing Address:**

11601 ROOSEVELT BLVD.  
ST. PETERSBURG, FL 33716 US

**FEI Number:** 59-2895617

**Certificate of Status Desired:** No

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title DIRECTOR  
Name COGGINS, BILL  
Address 11601 ROOSEVELT BLVD.  
City-State-Zip: ST. PETERSBURG FL 33716

Title DIRECTOR  
Name HUNTER, BARBARA  
Address 11601 ROOSEVELT BLVD.  
City-State-Zip: ST. PETERSBURG FL 33716

Title VICE PRESIDENT AND TREASURER  
Name COGGINS, BILL  
Address 11601 ROOSEVELT BLVD.  
City-State-Zip: ST. PETERSBURG FL 33716

Title VICE PRESIDENT AND SECRETARY  
Name HUNTER, BARBARA  
Address 11601 ROOSEVELT BLVD.  
City-State-Zip: ST. PETERSBURG FL 33716

Title DIRECTOR  
Name PAVESE, VINCENT G.  
Address 11601 ROOSEVELT BLVD.  
City-State-Zip: ST. PETERSBURG FL 33716

Title DIRECTOR  
Name LEGTERS, ROBERT  
Address 11601 ROOSEVELT BLVD.  
City-State-Zip: ST. PETERSBURG FL 33716

Title PRESIDENT  
Name LEGTERS, ROBERT  
Address 11601 ROOSEVELT BLVD.  
City-State-Zip: ST. PETERSBURG FL 33716

Title DIRECTOR  
Name JACK, DAVIS  
Address 11601 ROOSEVELT BLVD.  
City-State-Zip: ST. PETERSBURG FL 33716

*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:** BARBARA HUNTER

**SECRETARY**

**04/21/2022**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date