

2023 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: Yes

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

Title VICE PRESIDENT AND SECRETARY,
DIRECTOR
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, 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: HUNTER , BARBARA

SECRETARY

03/02/2023

Electronic Signature of Signing Officer/Director Detail

Date