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**Mar 03 1997 8:00am
Secretary of State**

**PROFIT CORPORATION
ANNUAL REPORT
1997**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 193115 (3)

**1. Corporation Name
COMMUNITY STATE BANK OF STARKE**



Principal Place of Business
811 SOUTH WALNUT STREET
P. O. BOX 460
STARKE FL 32091

Mailing Address
811 SOUTH WALNUT STREET
P. O. BOX 460
STARKE FL 32091-0460

3. Date Incorporated or Qualified 05/14/1956
3a. Date of Last Report 03/13/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-0795359	Applied For <input type="checkbox"/> Not Applicable
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23 Zip	28 Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
24 Country	25 Country	29 Country	30 Country

9. Name and Address of Current Registered Agent JOHNS, JEROME 811 S. WALNUT STREET, P.O. DRAWER 460 STARKE FL 32091	10. Name and Address of New Registered Agent
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE (Type or print name of registered agent and the applicable NOTE. Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	AV <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHARDSON, EUGENE	1.2 NAME	
STREET ADDRESS	RT. 1, BOX 184	1.3 STREET ADDRESS	
CITY-ST-ZIP	GLEN ST. MARY FL	1.4 CITY-ST-ZIP	
TITLE	PDC <input type="checkbox"/> DELETE	2.1 TITLE	DPC <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNS, JEROME	2.2 NAME	
STREET ADDRESS	114 W MADISON ST 811 S Walnut St.	2.3 STREET ADDRESS	811 S. Walnut St.
CITY-ST-ZIP	STARKE, FL 00000 P.O. Drawer 460	2.4 CITY-ST-ZIP	P.O. Drawer 460 Starke, Fl 32091
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENNETT, SHARON	3.2 NAME	
STREET ADDRESS	RT 1 BOX 541	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE BUTLER, FL 00000	3.4 CITY-ST-ZIP	
TITLE	C <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOSLEY, BARBARA	4.2 NAME	
STREET ADDRESS	RT 1 BOX 553	4.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE BUTLER FL	4.4 CITY-ST-ZIP	
TITLE	DCB <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FELOS, PETE G	5.2 NAME	
STREET ADDRESS	488 W CALL ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	STARKE, FL 00000	5.4 CITY-ST-ZIP	
TITLE	EVP <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOWARD, W S	6.2 NAME	
STREET ADDRESS	RT 2 BOX 380	6.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE BUTLER FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13, changed, or in an attachment with an address.

SIGNATURE: *Barbara Mosley* **2-26-97** **904-964-7830**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: Daytime Phone #

CR2E034 (9/96)