

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

FILED
Feb 01 1996 8:00 am
Secretary of State

DOCUMENT # 723431 (3)

1. Corporation Name

COMMUNITY BANKERS OF FLORIDA, INC.



Principal Place of Business: 420 E. JEFFERSON ST., STE. 106, P.O. BOX 1461, TALLAHASSEE FL 32301-1857
Mailing Address: 420 E. JEFFERSON ST., STE. 106, P.O. BOX 1461, TALLAHASSEE FL 32301-1857

3. Date Incorporated or Qualified: 05/17/1972
3a. Date of Last Report: 06/09/1995
4. FEI Number: 59-1398673
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, Apt. #, etc., City & State, Zip, and Country.

9. Name and Address of Current Registered Agent

COOK, SAM
420 E. JEFFERSON ST., STE.106
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD D	<input type="checkbox"/> DELETE
NAME	WILLIAMS, JOE	
STREET ADDRESS	311 W DUVAL ST	
CITY - ST - ZIP	JACKSONVILLE	
TITLE	VB PD	<input type="checkbox"/> DELETE
NAME	NIXON, NICK	
STREET ADDRESS	1417 TIMBERLINE RD	
CITY - ST - ZIP	TALLAHASSEE FL	
TITLE	TD VD	<input type="checkbox"/> DELETE
NAME	COLADO, GUY	
STREET ADDRESS	1201 S ORLANDO AVE	
CITY - ST - ZIP	WINTER PARK FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SMITH, VERNON	
STREET ADDRESS	2211 OKEECHOBEE RD	
CITY - ST - ZIP	FT PIERCE FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	COOK, SAM	
STREET ADDRESS	420 E JEFFERSON STR, STE 106	
CITY - ST - ZIP	TALLAHASSEE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Price, Steve	
6.3 STREET ADDRESS	1400 N 15th Street	
6.4 CITY - ST - ZIP	Immokalee FL 33934	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Ms. Sam Cook

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/96

Date

904-222-6424

Daytime Phone #

CR2E037 (12/95)