

FILE NOW: FILING FEE IS \$61.25

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**Apr 30 1997 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 723431 (3)

1. Corporation Name
COMMUNITY BANKERS OF FLORIDA, INC.



Principal Place of Business 420 E. JEFFERSON ST., STE. 108 P.O. BOX 1461 TALLAHASSEE FL 32301-1857	Mailing Address 420 E. JEFFERSON ST., STE. 108 P.O. BOX 1461 TALLAHASSEE FL 32301-1857
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3. Date Incorporated or Qualified 05/17/1972	3a. Date of Last Report 02/01/1996
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2. Principal Place of Business 21 Suite, Apt #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt #, etc. 27 City & State 28 Zip 29 Country
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4. FEI Number 59-1398673	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

COOK, SAM
 420 E. JEFFERSON ST., STE.108
 TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name **JEFFREY GRADY**
 82 Street Address (P.O. Box Number is Not Acceptable)
420 E. JEFFERSON ST
 83 **SUITE 106**
 84 City **TALLAHASSEE FL** 85 Zip Code **32301**

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]* DATE: **4/23/97**

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WILLIAMS, JOE	
STREET ADDRESS	311 W DUVALL ST	
CITY-ST-ZIP	JACKSONVILLE	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	NIXON, NICK	
STREET ADDRESS	1417 TIMBERLINE RD	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	COLADO, GUY	
STREET ADDRESS	1201 S ORLANDO AVE	
CITY-ST-ZIP	WINTER PARK FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	COOK, SAM	
STREET ADDRESS	420 E. JEFFERSON STREET, SUITE 106	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	PRICE, STEVE	
STREET ADDRESS	1400 N. 15TH STREET	
CITY-ST-ZIP	IMMOKALEE FL 33934	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	DAVIS, KIMBROUGH	
1.3 STREET ADDRESS	1828 W. TENNESSEE ST	
1.4 CITY-ST-ZIP	TALLAHASSEE, FL 32304	
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	NIXON, NICK	
2.3 STREET ADDRESS	1997 CAPITAL CIRCLE N.E.	
2.4 CITY-ST-ZIP	TALLAHASSEE, FL 32308	
3.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	COLADO, GUY	
3.3 STREET ADDRESS	1201 S. ORLANDO AVE	
3.4 CITY-ST-ZIP	WINTER PARK, FL	
4.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	GRADY, JEFFREY	
4.3 STREET ADDRESS	420 E. JEFFERSON ST, SUITE 106	
4.4 CITY-ST-ZIP	TALLAHASSEE, FL 32301	
5.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	PRICE STEVE	
5.3 STREET ADDRESS	1400 N. 15TH STREET	
5.4 CITY-ST-ZIP	IMMOKALEE, FL 33934	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* DATE: **4/23/97** DAYTIME PHONE: **(904) 222-6424**

CP2E037 (9/96)