FILE NOW: FILING FEE IS \$61.25 **FILED** NONPROFIT FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham **ANNUAL REPORT** Secretary of State 1998 **DIVISION OF CORPORATIONS DOCUMENT** # (3)COMMUNITY BANKERS OF FLORIDA, INC.

May 06 1998 8:00am Secretary of State

Principal Place	e of Business	Mailing Address					t cannt cann trang treit arang tribt stat aratt abalt atell aratt albit 1554			
420 E. JEFFERSON ST., STE. 106 P.O.BOX 1481 TALLAHASSEE FL 32301-1857		420 E. JEFFERSON \$T., STE, 106 P.O.BOX 1461 TALLAHASSEE FL 32301-1857					3. Date Incorporated or Qualified 05/17/1972			
							4. FEI Number		Applied For	
9 Principal Pl	ace of Business	Do Mai	ling Address				59-1398673		Not Applicable	
	ace of Outsiness	2a. Mailing Address					5. Certificate of Status Desired		.75 Additional	
Suite, Apt.	# atc	Suite, Apt. #, etc.					6 Florito Comunica Florida		ee Required	
22	,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	27					6. Election Campaign Financing Trust Fund Contribution		.00 May Be	
City & State		City & State					7. Is this nonprofit corporation a homeow		Ided to Fees	
23		28					Yes	No	Ciationr	
Zip	Country	Zip		Cou	intry	····	8. This corporation owes or has paid the		er intendible	
24	25	29		30	·		Personal Property Tax due June 30.	Yes		
	9. Name and Address of Currer		i Agent	1001			10. Name and Address of New Registers			
					B1	Name				
GRADY, JEFFREY			82 Street Ad			Stroot Artrir	ress (P.O. Box Number is Not Acceptable)			
420 E. J	EFFERSON ST.				02	Oli eel Addi	ress (F.O. DOX NUMBER IS NOT Acceptable)			
SUTIE 10	06				83	-				
	ASSE E FL 32301				24	0		11		
					84	City	F	L 85	Zip Code	
office or re	o the provisions of Sections 617.050 egistered agent, or both, in the State in familiar with, and accept the obligation in the control of the control of the provisions of t	of Florida. Si	uch change was	: authorize:	d by	the corporat	coration submits this statement for the purpose tion's board of directors. I hereby accept the a	or chang ippointme	ging its registered ent as registered	
	Signature, typod or printed name of registered age				egA b	nt signature requir	red when reinstating) DATE			
12.	OFFICERS AN	D DIRECTOR		13.		1.7	ADDITIONS/CHANGES TO OFFICERS A			
TITLE	TD		☐ DELETE	1.1 11		1/1	D. V. Janes Ja	X Ch	nange Addition	
NAME	DAVIS, KIMBROUGH			1.2 N/		\mathbb{R}	Davis Kimbrough 17 N. Monroe St.			
STREET ADDRESS	1828 W. TENNESSEE ST.									
CITY-ST-ZIP	TALLAHASSEE FL		POLITIC	1.4 CI		- ZIP \ C	allahasser, FL 32301		N AND	
TITLE	D MINON MICH		DELETE	2.1 Ti		V_{ij}	D pez Miriam	LJ Ch	ange Addition	
NAME	NIXON, NICK			2.2 N/				•		
STREET ADDRESS	1997 CAPITAL CIRCLE N.E.			4		ADDRESS 142	8' East Flogler St, 4th Floor	ζ.		
CITY-ST-ZIP	TALLAHASSEE FL PD		DELETE	2 4 0		1-ZIP Y	Mami, FL 33131	No.		
TITLE			☐ DECEIE	3.1 Tr			vala Guy	ES Ch	ange	
NAME	COLADO, GUY 1201 S ORLANDO AVE			3.2 N/		ارن	olado, Guy 2015 Orlando Ave			
STREET ADDRESS	WINTER PARK FL			1		ADDRESS (3)	101 50 miles Hoe			
CITY-ST-ZIP TITLE	S S		DELETE	3.4. CI 4.1 Ti		I-ZIP C	Junter Park FL	☐ Ch	ange Addition	
	GRADY, JEFFREY								ange Li Audition	
NAME DECET ADDRESS	420 E. JEFFERSON STREET,	CHITE 100		4. 2 N						
STREET ADDRESS	TALLAHASSEE FL	SUITE 100				ADDRESS				
CITY-ST-ZIP TITLE	VD VD		DELETE	4.4 CI		727		N Ch	ange Addition	
NAME	PRICE, STEVE		OLCCIE	5.1 TIT 5.2 NA		\mathbb{B}	rice Steve	Ch		
	1400 N. 15TH STREET					DODECC LL	100 N. 15th Street		4	
STREET ADDRESS	IMMOKALEE FL					ADDRESS LL	COOK, COIN OFFER		5:6	
CITY-ST-ZIP TITLE	MINIONALLE I'L		DELETE	5.4 CI 6.1 TIT		-ZIP \\(\frac{\fir}{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac}\f{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac}\frac{\fra	nmokalee, FL	-1.1en	ange	
NAME							4000025131		ango E Addition	
STREET ADDRESS				6.2 NA		ADDRESS.	-05/06/98010510	JUZ		
						NODRESS	***61.25			
CITY-ST-ZIP				6.4 CI1	11-51	- 2117				

I 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 attagramment with an address.