


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2006 8:00 am
Secretary of State

01-27-2006 90021 043 ***158.75

DOCUMENT # P02000033247

1. Entity Name
FCB FLORIDA BANCORPORATION, INC.



Principal Place of Business Mailing Address
945 S ORANGE AVE **945 S ORANGE AVE**
ORLANDO, FL 32806 **ORLANDO, FL 32806**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



01232006 Chg-P CR2E034 (11/05)

4. FEI Number Applied For
52-2366191 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

ROWE, M. ALAN
945 S ORANGE AVE
ORLANDO, FL 32806

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/C ASHER, DONALD L JR 2221 SANTA ANILLES RD. ORLANDO, FL 32801 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Bauknight, James H.</i> 5600 E. Erlo Bronson Memorial Hwy St. Cloud, FL 34771 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCDONALD, PETER J 39144 HARBOR HILLS BLVD LADY LAKE, FL 32159 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>See Attachment for more additions</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOWYER, JAMES W 900 LIVE OAK STREET MAITLAND, FL 32751 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAHILL, STEPHEN C 2667 LAKE SHORE DRIVE ORLANDO, FL 32803 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOUDNEY, DOUGLAS 1443 BUCKWOOD CIRCLE ORLANDO, FL 32806 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUHN, DOUGLAS A 1610 WATERWITCH DR ORLANDO, FL 32806 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **1/23/06** **407-872-3889 x310**

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

Division of Corporations

Annual Report

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Please enter additional Officers/Directors below.

Name and Title Philip C. Owen, Director D

Address 1 1509 Sunset Pointe

Address 2

City, State Zip Kissimmee, FL 34744

Name and Title Morris Alan Rowe, Director & President D/P

Address 1 3544 Country Lakes Drive

Address 2

City, State Zip Orlando, FL 32812

Name and Title Sidney G. Spafford, D

Address 1

Address 2 505 Canterbury Lane

City, State Zip Kissimmee, FL 34741

Name and Title Michael L. Spraggins, Sr. Director D

Address 1 4 E. Harvard Street

Address 2

City, State Zip Orlando, FL 32804

Name and Title Thomas A. Ter Beek, EVP ✓

Address 1 2221 Spring Lake Circle

Address 2

City, State Zip St. Cloud, FL 34771

Name and Title John W. Martin, V/S

Address 1 1230 Sharon Place

Address 2

City, State Zip Winter Park, FL 32789