2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2009
Secretary of State

DOCUMENT# P05000144296

Entity Name: FLAGSHIP COMMUNITY BANK

Current Principal Place of Business:

29750 U.S. HWY 19 N.
SUITE 100
CLEARWATER, FL 33761

New Principal Place of Business:

Current Mailing Address:

29750 U.S. HWY 19 N.
SUITE 100
CLEARWATER, FL 33761

New Mailing Address:

FEI Number: 20-2472079 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

IGLER & DOUGHERTY, P.A.
2457 CARE DRIVE
TALLAHASSEE, FL 32307 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: KIMPTON, WILLIAM J
Address: 265 BAYSIDE DR
City-St-Zip: CLEARWATER BEACH, FL 33767

Title: D ( ) Delete
Name: LAZAR, JEFFREY M
Address: 871 RIVER RD
City-St-Zip: LABELLE, FL 33935

Title: D ( ) Delete
Name: LESSER, MARSHA L
Address: 2434 KENT PL
City-St-Zip: CLEARWATER, FL 33764

Title: D ( ) Delete
Name: WILLENBACHER, MICHAEL A
Address: 6201 GUILFORD DR
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: VS ( ) Delete
Name: JASON, ROBERT A
Address: 106 ISLAND WAY APT 137
City-St-Zip: CLEARWATER BEACH, FL 33767

Title: V ( ) Delete
Name: JEFFRIES, STEPHEN M
Address: 3012 CLUBHOUSE DR W
City-St-Zip: CLEARWATER, FL 33761

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: LAZAR, JEFFREY M
Address: 311 CALOOSA ESTATES DR.
City-St-Zip: LABELLE, FL 33975

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VS (X) Change ( ) Addition
Name: JASON, ROBERT A
Address: 105 ISLAND WAY APT 137
City-St-Zip: CLEARWATER BEACH, FL 33767

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT A. JASON VS 04/14/2009

Electronic Signature of Signing Officer or Director Date