2002 UNIFORM BUSINESS REPORT (UBR) **FILED** May 22, 2002 8:00 am Secretary of State 05-22-2002 90179 005 ***150.00 P97000091697 **DOCUMENT #**

1. Entity Name

JACKSONVILLE BANCORP, INC.

Principal Place of Business								
76 6	LAUDA CT							

76 S. Laura St.

Mailing Address

P.O. BOX 40466

SUITE 104 JACKSONVILLE FL 32203 US		JACKSONVILLE FL 32203 US										
2. Principal Place of Business		3. Mailing Address				1 (00)(00)	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE					
City & State			City & State			4.	FEI Number 59-3472981 Applied For Not Applicable					
Zip		Country	Zip	try	5.	5. Certificate of Status Desired [\$8.75 Additional Fee Required			
	<u> </u> 6. Name	and Address of Current Re	gistered Agent		Carrier 1, m	7.	Name and A	ddress of New		· · · · · · · · · · · · · · · · · · ·	_ · · · · · ·	
· · · · · · · · · · · · · · · · · · ·					Name							
WHALEN, CHERYL L EV/CFO												
•		SUITE 104	Street Add			idress (P.O.	dress (P.O. Box Number is Not Acceptable)					
	VILLE FL 32											
UNDINOCH	VICEL I E OI	LUL			0		·····			T 7:- 0 - 4		
					City				FL	Zip Code	3	
8. The above	named entity	submits this statement for the	ne purpose of changing its r	egister	ed office or	registered a	gent, or both,	, in the State of F	florida.			
SIGNATURE .									4/3	0/02		
SIGNATURE .	Signature, typed	or printed name of registered agent and	title il applicable. (NOTE:	Registere	d Agent signatu	re required when	reinstating)		DATE			
This corno	nration is eligi	ble to satisfy its Intangible	FILE NOW!!!	FEE	IS \$150.0	0	Ī				_	
		and elects to do so.	After May 1, 200		- ,		I	tion Campaign F t Fund Contributi			May Be to Fees	
•	ia on back)		Make Check Payable			Irusi	runa Contribut	Ori.	Added	1 to rees		
11.		OFFICERS AND DI	RECTORS	12.		Α	DDITIONS/C	HANGES TO OF	FICERS AND	DIRECTOR	S IN 11	
TITLE	D		☐ Delete	TITL		•• –		- 90		Change	☐ Addition	
NAME		WICHAEL D		E]	"See	Attach	ment"			ļ		
LI OVOCABBILLE DEACH EL DOCCO ECAO					ET ADDRESS							
CITY-ST-ZIP		VILLE DEAUTI PL 32230-0			-ST-ZIP							
TITLE	STV	AUEDVI I	☐ Delete	TITL						☐ Change	☐ Addition	
NAME	WHALEN, CHERYL L			NAM								
STREET ADDRESS CITY-ST-ZIP	407 ARTHUR MOORE DRIVE GREEN COVE SPRINGS FL 34043		,		ET ADDRESS -ST-ZIP							
				• • • • • • • • • • • • • • • • • • • •	<u> </u>					Change	Addition	
NAME	DC MILLS, R.O	•	Delete	TITL			•	-		☐ Change	Addition	
STREET ADDRESS		ration CIR South			ET ADDRESS							
CITY-ST-ZIP		DRA BEACH FL 32082			-ST-ZIP							
TITLE	DP		☐ Delete	TITL						☐ Change	Addition	
NAME	POMAR, G	ILBERT J III		NAM	E					_ ,		
STREET ADDRESS		*** ***********************************		STRE	ET ADDRESS							
CITY-ST-ZIP	JACKSON'	VILLE FL 32210		CITY	-ST-ZIP							
TITLE	D		☐ Delete	TITL						☐ Change	☐ Addition	
NAME	SCHULTZ,			NAM								
STREET ADDRESS 1823 SEMINOLE RD JACKSONVILLE FL 32205					ET ADDRESS							
CITY-ST-ZIP		VILLE FL 32205	· .	CITY	-ST-ZIP							
TITLE	D	W DDIOE W	☐ Delete	TITL						☐ Change	☐ Addition	
NAME		CK, PRICE W		NAM								
STREET ADDRESS CITY-ST-ZIP	8410 KIM	VILLE FL 32217			ET ADDRESS -ST-ZIP							
UITT-01-4IF	l .	information supplied with th				0	440.07(0)(1)	E	16.41	e accedent		

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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered. Cheryl L. Whalen EVP/CFO 4/30/02

ED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

904/421-3040

Daytime Phone #

Altachment # P970000016917

2002 UNIFORM BUSINESS REPORT (UBR) ATTACHMENT DOCUMENT # P97000091697 JACKSONVILLE BANCORP, INC.

OFFICERS AND DIRECTORS

TITLE

NAME STREET ADDRESS

Gottlieb, Melvin 3028 Forest Circle

CITY-ST-ZIP Jacksonville, Florida 32257-5620 D

TITLE

NAME STREET ADDRESS Healey, James M. 2507 South Ocean Drive

CITY-ST-ZIP Jacksonville Beach, Florida 32250-5942

TITLE

NAME STREET ADDRESS Kowkabany, John C._

110 Palm Place

D

CITY-ST-ZIP

Neptune Beach, Florida 32266

TITLE

NAME STREET ADDRESS CITY-ST-ZIP

Kraft, Rudolph A. 1355 Moss Creek Drive Jacksonville, Florida 32225

TITLE

NAME STREET ADDRESS CITY-ST-ZIP

Roller, Donald E. 1421 Ponte Vedra Blvd.

Ponte Vedra Beach, Florida 32082

TITLE

NAME STREET ADDRESS CITY-ST-ZIP

Rose, John W. 511 Anderwood Drive Hermitage, PA 16148

TITLE

NAME STREET ADDRESS CITY-ST-ZIP

Spencer, Charles F. 590 Queens Harbor Blvd. Jacksonville, Florida 32225

TITLE

NAME STREET ADDRESS CITY-ST-ZIP

Tavar, Bennett A. 2863 Evercharm Place Jacksonville, Florida 32257

TITLE

NAME STREET ADDRESS Winfield, M.D., Gary L. 630 Jacksonville Drive

CITY-ST-ZIP

Jacksonville Beach, Florida 32250