2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 90293 005 ***150.00

DOCUMENT # P97000091697

1. Entity Name
JACKSONVILLE BANCORP, INC,

Principal Place of Business	Mailing Address
76 S. LAURA ST. SUITE 104 JACKSONVILLE FL 32203 US	P.O. BOX 40466 JACKSONVILLE FL 32203 US

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-3472981 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WHALEN, CHERYL L EV/CFO 76 S. LAURA STREET SUITE 104 JACKSONVILLE FL 32202	Name: Cheryl L. Whalen, EVP/CFO Street Address (P.O. Box Number is Not Acceptable): 76 South Laura Street, Suite 104 City: Jacksonville, FL Zip Code: 32202

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

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 CARTER, MICHAEL D 2709 SOUTH OCEAN DRIVE JACKSONVILLE BEACH FL 32250-5946	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	"See Attachment" ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STV WHALEN, CHERYL L 407 ARTHUR MOORE DRIVE GREEN COVE SPRINGS FL 34043	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DC MILLS, R.C. 160 PLANTATION CIR SOUTH PONTE VEDRA BEACH FL 32082	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP POMAR, GILBERT J III 4957 ORTEGA BLVD JACKSONVILLE FL 32210	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SCHULTZ, JOHN R 1823 SEMINOLE RD JACKSONVILLE FL 32205	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SCHWENCK, PRICE W 8410 KIM ROAD JACKSONVILLE FL 32217	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 418 Buttonwood Lane Largo, FL 33770

12. 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 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: Cheryl L. Whalen SIGNATURE REQUIRED Cheryl L. Whalen EVP/CFO 4/29/03 904/421-3040
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/02)

Attachment 10101046
P97000091697

2003 UNIFORM BUSINESS REPORT (UBR)
ATTACHMENT DOCUMENT # P97000091697
JACKSONVILLE BANCORP, INC.

OFFICERS AND DIRECTORS

TITLE	D
NAME	Gottlieb, Melvin
STREET ADDRESS	3028 Forest Circle
CITY-ST-ZIP	Jacksonville, Florida 32257-5620

TITLE	D
NAME	Healey, James M.
STREET ADDRESS	2507 South Ocean Drive
CITY-ST-ZIP	Jacksonville Beach, Florida 32250-5942

TITLE	D
NAME	Kowkabany, John C.
STREET ADDRESS	110 Palm Place
CITY-ST-ZIP	Neptune Beach, Florida 32266

TITLE	D
NAME	Kraft, Rudolph A.
STREET ADDRESS	1355 Moss Creek Drive
CITY-ST-ZIP	Jacksonville, Florida 32225

TITLE	D
NAME	Roller, Donald E.
STREET ADDRESS	1421 Ponte Vedra Blvd.
CITY-ST-ZIP	Ponte Vedra Beach, Florida 32082

TITLE	D
NAME	Rose, John W.
STREET ADDRESS	511 Anderwood Drive
CITY-ST-ZIP	Hermitage, PA 16148

TITLE	D
NAME	Spencer, Charles F.
STREET ADDRESS	590 Queens Harbour Blvd.
CITY-ST-ZIP	Jacksonville, Florida 32225

TITLE	D
NAME	Tavar, Bennett A.
STREET ADDRESS	3076 Isser Lane
CITY-ST-ZIP	Jacksonville, Florida 32257

TITLE	D
NAME	Winfield, M.D., Gary L.
STREET ADDRESS	630 Jacksonville Drive
CITY-ST-ZIP	Jacksonville Beach, Florida 32250