


**2008 FOR PROFIT CORPORATION
AMENDED ANNUAL REPORT**

182

FILED

08 SEP 11 PM 12:58

SECRETARY OF STATE
ALLAHASSEE, FLORIDA

DOCUMENT # P99000091377				
1. Entity Name HORIZON BANK				
Principal Place of Business 900 53RD AVE E BRADENTON, FL 34203		Mailing Address 900 53RD AVE E BRADENTON, FL 34203		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent		
Name		Name		
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)		
City		City	Zip Code	
FL				
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 _____		900135692329 09/11/08--01043--005 ***61.25 DATE		
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS				
TITLE	D	<input type="checkbox"/> Delete		
NAME	KIRKLAND, BARCLAY DR			
STREET ADDRESS	5406 19TH AVE W			
CITY-ST-ZIP	BRADENTON, FL 34209			
TITLE	D	<input type="checkbox"/> Delete		
NAME	SCHERER, DAVID K			
STREET ADDRESS	4239 63RD ST WEST			
CITY-ST-ZIP	BRADENTON, FL 34209			
TITLE	D	<input type="checkbox"/> Delete		
NAME	CONOLEY, CHARLES S			
STREET ADDRESS	410 68TH CT NW			
CITY-ST-ZIP	BRADENTON, FL 34208			
TITLE	D	<input type="checkbox"/> Delete		
NAME	SHACKELFORD, BRUCE E			
STREET ADDRESS	9928 E. STATE ROAD 64			
CITY-ST-ZIP	BRADENTON, FL 34208			
TITLE	D	<input type="checkbox"/> Delete		
NAME	GLASGOW, MICHAEL S			
STREET ADDRESS	1209 44TH AVE E			
CITY-ST-ZIP	BRADENTON, FL 34203			
TITLE	D	<input type="checkbox"/> Delete		
NAME	TURNER, MARY A			
STREET ADDRESS	2504 64TH ST CT E			
CITY-ST-ZIP	BRADENTON, FL 34208			
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	Miller, C. Donald Jr.			
STREET ADDRESS	1600 1st Ave W. Unit 503			
CITY-ST-ZIP	Bradenton, FL 34205			
TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	Thomason, Elizabeth L., DR			
STREET ADDRESS	6204 98th St. E.			
CITY-ST-ZIP	Bradenton, Fl. 34202			
TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	Urban, Clarence R.			
STREET ADDRESS	3008 Bay Dr.			
CITY-ST-ZIP	Bradenton, FL. 34207			
TITLE	Senior	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	Jepson, Kathleen M.			
STREET ADDRESS	3017 4th Ave W			
CITY-ST-ZIP	Bradenton, FL 34205			
TITLE	Executive V	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	Severson, Bradley N.			
STREET ADDRESS	203 Mill Run East			
CITY-ST-ZIP	Bradenton, FL 34212			
TITLE	Senior V	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	Chapin, Jeffrey S.			
STREET ADDRESS	15107 3rd Drive E			
CITY-ST-ZIP	Bradenton, FL 24212			
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: _____		Charles S. Conoley P/D		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	9/10/08	
		Daytime Phone #	941 753-2265	

9/12/08

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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KIRKLAND, BARCLAY DR 5406 19TH AVE W BRADENTON, FL 34209 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CONOLEY, CHARLES S 410 68TH CT NW BRADENTON, FL 34208 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P CONOLEY, CHARLES S 410 68TH CT NW BRADENTON, FL 34208 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition