

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S27287

FILED  
Apr 24, 2009  
Secretary of State

Entity Name: RIVERSIDE BANQUE PREMISES CORPORATION

**Current Principal Place of Business:**

2211 OKEECHOBEE ROAD  
FORT PIERCE, FL 349506552

**New Principal Place of Business:**

**Current Mailing Address:**

ATTN: ACCOUNTING  
2810 S. U.S. 1  
FORT PIERCE, FL 34982

**New Mailing Address:**

FEI Number: 65-0266651      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

POLACKWICH, ALAN S. SR.  
4100-20TH ST  
VERO BEACH, FL 32960 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: PD ( ) Delete  
Name: SMITH, VERNON D.  
Address: 2211 OKEECHOBEE ROAD  
City-St-Zip: FORT PIERCE, FL

Title: STD ( ) Delete  
Name: BROWN, TIM E  
Address: 2211 OKEECHOBEE RD  
City-St-Zip: FORT PIERCE, FL

Title: VPD ( ) Delete  
Name: ROBBINS, CINDY M  
Address: 2211 OKEECHOBEE ROAD  
City-St-Zip: FORT PIERCE, FL 34950

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: WILLIAMS, JOHN  
Address: 2211 OKEECHOBEE ROAD  
City-St-Zip: FORT PIERCE, FL

Title: STD (X) Change ( ) Addition  
Name: ROSS, LEAELEANOR  
Address: 2211 OKEECHOBEE RD  
City-St-Zip: FORT PIERCE, FL

Title: VPD (X) Change ( ) Addition  
Name: MCGRATH, JOHN  
Address: 2211 OKEECHOBEE ROAD  
City-St-Zip: FORT PIERCE, FL 34950

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: LEA ROSS

STD

04/24/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date