

**2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000033249

**FILED**  
**Jan 03, 2022**  
**Secretary of State**  
**9444243018CC**

**Entity Name:** COMMERCE NATIONAL BANKSHARES OF FLORIDA, INC.

**Current Principal Place of Business:**

1201 SOUTH ORLANDO AVENUE  
SUITE 100  
WINTER PARK, FL 32789

**Current Mailing Address:**

1201 SOUTH ORLANDO AVENUE  
SUITE 100  
WINTER PARK, FL 32789

**FEI Number:** 01-0691279

**Certificate of Status Desired:** No

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

COLADO, RAY D  
1201 SOUTH ORLANDO AVENUE  
SUITE 100  
WINTER PARK, FL 32789 US

*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

**Officer/Director Detail :**

Title STD  
Name COLADO, RAY D  
Address 1201 S ORLANDO AV STE 100  
City-State-Zip: WINTER PARK FL 32789

Title PCEO  
Name COLADO, GUY D  
Address 327 BELOIT AVE  
City-State-Zip: WINTER PARK FL 32789

Title D  
Name BARKETT, RUSSELL  
Address 621 ARAPAHO TRAIL  
City-State-Zip: MAITLAND FL 32751

Title D  
Name BATES, JENNIFER F  
Address 1801 W INTERNATIONAL SPEEDWAY BLVD  
City-State-Zip: DAYTONA BEACH FL 32114

Title DIRECTOR  
Name LOUTTIT, JANE  
Address 1576 MAYFLOWER CT.  
City-State-Zip: WINTER PARK FL 32792

Title DIRECTOR  
Name STRONG, DAVID S  
Address 1201 S. ORLANDO AVE SUITE 203  
City-State-Zip: WINTER PARK FL 32789

Title DIRECTOR  
Name VAUGHAN, RICK  
Address 107 W. COMMERCIAL STREET  
City-State-Zip: SANFORD FL 32771

Title DIRECTOR  
Name YERGEY, DAVID A. JR.  
Address 211 MAGNOLIA AVE.  
City-State-Zip: ORLANDO FL 32801

**Continues on page 2**

*I hereby 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 all other like empowered.*

**SIGNATURE:** RAY D. COLADO

**SECRETARY**

**01/03/2022**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           BENNETT, ED  
Address        1201 SOUTH ORLANDO AVENUE  
                  SUITE 100  
City-State-Zip: WINTER PARK FL 32789