

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000097336

**Entity Name:** FIRST GREEN BANK**Current Principal Place of Business:**18251 US HWY 441  
MOUNT DORA, FL 32757**Current Mailing Address:**18251 US HWY 441  
MOUNT DORA, FL 32757**FEI Number:** 26-2218160**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ATKINS, MELISSA  
18251 US HWY 441  
MOUNT DORA, FL 32757 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:** MELISSA ATKINS

01/27/2014

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name ALES, SCOTT M  
Address 18251 US HWY 441  
City-State-Zip: MOUNT DORA FL 32757

Title DIRECTOR  
Name CARLYLE, SHANNON M  
Address 18251 US HWY 441  
City-State-Zip: MOUNT DORA FL 32757

Title DIRECTOR  
Name HUNTER, JOEL C  
Address 18251 US HWY 441  
City-State-Zip: MOUNT DORA FL 32757

Title DIRECTOR  
Name LAROE, KENNETH E  
Address 18251 US HWY 441  
City-State-Zip: MOUNT DORA FL 32757

Title DIRECTOR  
Name LAROE, MICHAEL C  
Address 18251 US HWY 441  
City-State-Zip: MOUNT DORA FL 32757

Title DIRECTOR  
Name SCHMID, JOHN D  
Address 18251 US HWY 441  
City-State-Zip: MOUNT DORA FL 32757

Title PRESIDENT, DIRECTOR  
Name ROUNTREE, PAUL  
Address 18251 US HWY 441  
City-State-Zip: MOUNT DORA FL 32757

Title DIRECTOR  
Name STRODE, RANDALL  
Address 18251 US HWY 441  
City-State-Zip: MOUNT DORA FL 32757

**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:** MELISSA ATKINS

EVP

01/27/2014

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title                 DIRECTOR  
Name                WEYN, DAVID MD  
Address             18251 US HWY 441  
City-State-Zip:    MOUNT DORA FL 32757

Title                 CFO  
Name                ATKINS, MELISSA  
Address             18251 US HWY 441  
City-State-Zip:    MOUNT DORA FL 32757