### **2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P13000056596

Entity Name: C1 FINANCIAL, INC.

**Current Principal Place of Business:** 

100 5TH STREET SOUTH ST PETERSBURG, FL 33701

# **Current Mailing Address:**

100 5TH STREET SOUTH ST PETERSBURG, FL 33701

FEI Number: 46-4241720 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

SNYDER, RYAN L ESQ 2025 LAKEWOOD RANCH BLVD SUITE 102 BRADENTON, FL 34211 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

FILED May 01, 2016

**Secretary of State** 

CC2591046868

#### Officer/Director Detail:

Title CEO AND PRESIDENT Title CHAIRMAN

NameBURGESS, TREVORNameSEDGEMAN, WILLIAM H JR.Address100 5TH STREET SOUTHAddress100 5TH STREET SOUTHCity-State-Zip:ST PETERSBURG FL 33701City-State-Zip:ST PETERSBURG FL 33701

Title CFO Title COO

Name MELEJ, CRISTIAN Name LOWMAN, RITA

Address 100 5TH STREET SOUTH Address 100 5TH STREET SOUTH

City-State-Zip: ST PETERSBURG FL 33701 City-State-Zip: ST PETERSBURG FL 33701

Title D Title D

Name BURGHARDT, BRIAN D Name MOORE, DUANE L

Address 100 5TH STREET SOUTH Address 100 5TH STREET SOUTH

City-State-Zip: ST PETERSBURG FL 33701 City-State-Zip: ST PETERSBURG FL 33701

Title D Title D

NameSINK, ALEXNameBURGHARDT, PHILLIP LAddress100 5TH STREET SOUTHAddress100 5TH STREET SOUTHCity-State-Zip:ST PETERSBURG FL 33701City-State-Zip:ST PETERSBURG FL 33701

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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: TREVOR BURGESS CEO

Electronic Signature of Signing Officer/Director Detail

05/01/2016

Date

## Officer/Director Detail Continued:

Title DIRECTOR

Name GLASER, ROBERT

Address 100 5TH STREET SOUTH

City-State-Zip: ST PETERSBURG FL 33701

Title DIRECTOR

Name SEDGEMAN, WILLIAM H JR.
Address 100 5TH STREET SOUTH

City-State-Zip: ST PETERSBURG FL 33701

Title DIRECTOR

Name FARIA DE LIMA, MARCELO
Address 100 5TH STREET SOUTH
City-State-Zip: ST PETERSBURG FL 33701

Title CHIEF CREDIT OFFICER

Name ALLEN, JERRY

Address 100 5TH STREET SOUTH
City-State-Zip: ST PETERSBURG FL 33701

Title CHIEF TECHNOLOGY OFFICER

Name DEOLIVEIRA, MARCIO
Address 100 5TH STREET SOUTH
City-State-Zip: ST PETERSBURG FL 33701

Title DIRECTOR

Name GROSSMAN, NEIL D

Address 100 5TH STREET SOUTH
City-State-Zip: ST PETERSBURG FL 33701

Title DIRECTOR

Name BURGESS, TREVOR R
Address 100 5TH STREET SOUTH
City-State-Zip: ST PETERSBURG FL 33701

Title DIRECTOR

Name SNYDER, RYAN L

Address 100 5TH STREET SOUTH
City-State-Zip: ST PETERSBURG FL 33701

Title CHIEF RISK OFFICER

Name STEINER, JAMES

Address 100 5TH STREET SOUTH
City-State-Zip: ST PETERSBURG FL 33701