

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000042940

Entity Name: CNLBANK**Current Principal Place of Business:**450 S ORANGE AVE.
ORLANDO, FL 32801**Current Mailing Address:**PO BOX 4968
ORLANDO, FL 32802 US**FEI Number:** 59-3404322**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BHAVSAR, CHIRAG CFO
450 S ORANGE AVE
ORLANDO, FL 32801 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	CEO
Name	HANNA, LEE
Address	13570 MANDARIN RD
City-State-Zip:	JACKSONVILLE FL 32223

Title	DIRECTOR
Name	LASKEY, MITCHEL
Address	2332 ALAQUA DRIVE
City-State-Zip:	LONGWOOD FL 32779

Title	DIRECTOR
Name	MARTINEZ, RAFAEL E ESQ.
Address	1115 WOODLAND ST
City-State-Zip:	ORLANDO FL 32806

Title	DIRECTOR
Name	SCHMIDT, TRACY
Address	6055 LOUISE COVE DRIVE
City-State-Zip:	WINDERMERE FL 34786

Title	DIRECTOR
Name	RACE, JOHN D
Address	4094 SCARLET IRIS PLACE
City-State-Zip:	WINTER PARK FL 32792

Title	DIRECTOR
Name	RILEY, JOHN A
Address	4090 SCARLET IRIS PLACE
City-State-Zip:	WINTER PARK FL 32792

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: LEE HANNA

CEO

04/24/2015

Electronic Signature of Signing Officer/Director Detail_____
Date