

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **011180 (7)**
1. Corporation Name
FIRST COMMUNITY BANK OF PALM BEACH COUNTY



Principal Place of Business
**104 SOUTH LAKE AVENUE
P.O. DRAWER 599
PAHOKEE FL 33476**

Mailing Address
**104 SOUTH LAKE AVENUE
P.O. DRAWER 599
PAHOKEE FL 33476**

3. Date Incorporated or Qualified
05/29/1922

3a. Date of Last Report
04/13/1995

4. FEI Number
59-0153980

Applied For
 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25 29 30

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

**MORRIS, DALE W
104 SOUTH LAKE AVENUE
PAHOKEE FL 33476**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and that applicant (Note: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPC <input checked="" type="checkbox"/> DELETE	1.1 TITLE	EVPC <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MEREDITH, JEANELLE W	1.2 NAME	Henderson, Joseph E.
STREET ADDRESS	840 SE 3RD ST	1.3 STREET ADDRESS	104 S. Lake Ave.
CITY-ST-ZIP	BELLE GLADE FL	1.4 CITY-ST-ZIP	Pahokee, FL 33476
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STUBBS, SIDNEY A. JR.	2.2 NAME	Crews, J.W.
STREET ADDRESS	505 S. FLAGLER DRIVE	2.3 STREET ADDRESS	PO Box 248
CITY-ST-ZIP	WEST PALM BEACH FL	2.4 CITY-ST-ZIP	Wauchula, FL 33873-0248
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCINTOSH, H. K.	3.2 NAME	McIntosh, H.K.
STREET ADDRESS	897 BACOM PNT RD	3.3 STREET ADDRESS	1631 1/2 Bacom Pt. Rd.
CITY-ST-ZIP	PAHOKEE FL	3.4 CITY-ST-ZIP	Pahokee, FL 33476
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	POPE, LEWIS JR.	4.2 NAME	Pate, S.C.
STREET ADDRESS	2343 BACOM POINT RD.	4.3 STREET ADDRESS	209 S. Main St.
CITY-ST-ZIP	PAHOKEE FL	4.4 CITY-ST-ZIP	Belle Glade, FL 33430
TITLE	PDC <input type="checkbox"/> DELETE	5.1 TITLE	PDC <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORRIS, DALE W	5.2 NAME	Morris, Dale W
STREET ADDRESS	14294 ASTER AVENUE	5.3 STREET ADDRESS	104 S. Lake Ave.
CITY-ST-ZIP	WELLINGTON FL	5.4 CITY-ST-ZIP	Pahokee, FL 33476
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	Alvarez, Gilberto
STREET ADDRESS		6.3 STREET ADDRESS	400 NE 2nd St.
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Belle Glade, FL 33430-2028

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE: *Dale W. Morris*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Dale W. Morris, President/CEO

4/11/96

407-924-5272
Daytime Phone #

CR2E034 (12/95)