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**Secretary of State**

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PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # 011180

1. Corporation Name

FIRST COMMUNITY BANK OF PALM BEACH COUNTY



DO NOT WRITE IN THIS SPACE

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

4. FEI Number

59-0153980

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 owes the current year Intangible Personal Property Tax.  Yes  No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 Zip 30 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE EVPC  DELETE  
 NAME HENDERSON, JOSEPH E.  
 STREET ADDRESS 104 S. LAKE AVE.  
 CITY-ST-ZIP PAHOKEE FL

TITLE D  DELETE  
 NAME STUBBS, SIDNEY A JR.  
 STREET ADDRESS 505 S. FLAGLER DRIVE  
 CITY-ST-ZIP WEST PALM BEACH FL

TITLE D  DELETE  
 NAME MCINTOSH, H. K.  
 STREET ADDRESS 1631 1/2 BECOM PT. RD.  
 CITY-ST-ZIP PAHOKEE FL

TITLE D  DELETE  
 NAME POPE, LEWIS JR.  
 STREET ADDRESS 2343 BACOM POINT RD.  
 CITY-ST-ZIP PAHOKEE FL

TITLE PDC  DELETE  
 NAME MORRIS, DALE W  
 STREET ADDRESS 104 S. LAKE AVE.  
 CITY-ST-ZIP PAHOKEE FL

TITLE D  DELETE  
 NAME ALVAREZ, GILBERTO  
 STREET ADDRESS 400 NE 2ND ST.  
 CITY-ST-ZIP BELLE GLADE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition  
 1.2 NAME  
 1.3 STREET ADDRESS  
 1.4 CITY-ST-ZIP

2.1 TITLE  Change  Addition  
 2.2 NAME  
 2.3 STREET ADDRESS  
 2.4 CITY-ST-ZIP

3.1 TITLE  Change  Addition  
 3.2 NAME  
 3.3 STREET ADDRESS  
 3.4 CITY-ST-ZIP

4.1 TITLE  Change  Addition  
 4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP

5.1 TITLE  Change  Addition  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP

6.1 TITLE  Change  Addition  
 6.2 NAME  
 6.3 STREET ADDRESS  
 6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE:

*[Signature]*

2/9/99

561-924-5272

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/1/98)