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Jan 21 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 012311 (7)

1. Corporation Name  
FLORIDA COMMUNITY BANK

Principal Place of Business  
1400 NORTH 15 STREET  
IMMOKALEE FL 33934

Mailing Address  
1400 NORTH 15 STREET  
IMMOKALEE FL 34142-2234



3. Date Incorporated or Qualified 07/07/1923  
3a. Date of Last Report 01/22/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	59-0153880	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	27	<input type="checkbox"/>	
City & State	City & State	6. Election Campaign Financing	\$5.00 May Be Added to Fees
23	28	Trust Fund Contribution	<input type="checkbox"/>
Zip	Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
24	29		
Country	Country		
25	30		

9. Name and Address of Current Registered Agent

PRICE, STEPHEN L.  
1400 NORTH 15 STREET  
IMMOKALEE FL 33934

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHISNANT, JACK	1.2 NAME	
STREET ADDRESS	395 NORTH 15 STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	IMMOKALEE FL	1.4 CITY-ST-ZIP	
TITLE	VP	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HASKEW, GARY R.	2.2 NAME	
STREET ADDRESS	1110 MONROE ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	IMMOKALEE FL	2.4 CITY-ST-ZIP	
TITLE	PD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRICE, STEPHEN L.	3.2 NAME	
STREET ADDRESS	1400 N 15TH STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	IMMOKALEE FL	3.4 CITY-ST-ZIP	
TITLE	VP	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLLAND, RAYMOND	4.2 NAME	
STREET ADDRESS	7380 TRATLORD OAKS RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	IMMOKALEE FL	4.4 CITY-ST-ZIP	
TITLE	AVP	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACKSON, SANDRA F.	5.2 NAME	
STREET ADDRESS	322 LIVE OAK LANE	5.3 STREET ADDRESS	
CITY-ST-ZIP	LABELLE FL	5.4 CITY-ST-ZIP	
TITLE	VPC	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WRAGE, GARY	6.2 NAME	
STREET ADDRESS	1400 N. 15TH STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	IMMOKALEE FL	6.4 CITY-ST-ZIP	

14. I do 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 supplementary 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: GARY WRAGE VP. Gary Wrage 1-10-97 1-941-657-3171  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)