

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 012311

FILED  
Jun 22, 2009  
Secretary of State

Entity Name: FLORIDA COMMUNITY BANK

## Current Principal Place of Business:

1400 NORTH 15 STREET  
IMMOKALEE, FL 341422189

## New Principal Place of Business:

## Current Mailing Address:

1400 NORTH 15 STREET  
IMMOKALEE, FL 341422189

## New Mailing Address:

FEI Number: 59-0153880      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PCD ( ) Delete  
Name: PRICE, STEPHEN L  
Address: 1400 N. 15TH STREET  
City-St-Zip: IMMOKALEE, FL 34142

Title: SVP ( ) Delete  
Name: HARRIS, GUY W  
Address: 4706 PEMBROOKE LANE  
City-St-Zip: BONITA SPRINGS, FL 34134

Title: D ( ) Delete  
Name: ROSBOUGH, DANIEL G  
Address: 7300 ROSBOUGH WAY  
City-St-Zip: IMMOKALEE, FL 34142

Title: D ( ) Delete  
Name: LANGFORD, PATRICK B  
Address: 60 LIVE OAK LANE  
City-St-Zip: LABELLE, FL 33935

Title: D ( ) Delete  
Name: O'QUINN, JAMES W  
Address: 7301 HUNTERS POINT  
City-St-Zip: IMMOKALEE, FL 34142

Title: EVP ( ) Delete  
Name: MAYS, ROBERT M  
Address: 1060 BORGHESE LANE #1202  
City-St-Zip: NAPLES, FL 34114

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change ( ) Addition  
Name: PRICE, STEPHEN L  
Address: 1400 N. 15TH STREET  
City-St-Zip: IMMOKALEE, FL 34142

Title: CFO (X) Change ( ) Addition  
Name: HARRIS, GUY W  
Address: 4706 PEMBROOKE LANE  
City-St-Zip: BONITA SPRINGS, FL 34134

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: DENISE A. SMITH, CONTROLLER

VP

06/22/2009

Electronic Signature of Signing Officer or Director

Date