

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 229926

FILED  
Apr 28, 2008  
Secretary of State

Entity Name: FIRST BANK AND TRUST COMPANY OF INDIANTOWN

**Current Principal Place of Business:**

15588 S W WARFIELD BLVD  
INDIANTOWN, FL 34956

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 365  
INDIANTOWN, FL 34956

**New Mailing Address:**

FEI Number: 59-0879274      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BEISLER, NIKKI  
15588 SW WARFIELD BLVD  
INDIANTOWN, FL 34956      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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: SVP ( ) Delete  
Name: BEISLER, NIKKI  
Address: 2024 SW BRIAROAK TRAIL  
City-St-Zip: PALM CITY, FL 34990

Title: DC ( ) Delete  
Name: POST, ROBERT M  
Address: 1130 SW CHAPMAN WAY, #509  
City-St-Zip: PALM CITY, FL 34990

Title: DP ( ) Delete  
Name: APPLETON, EDWARD C  
Address: 15588 SW WARFIELD BLVD.  
City-St-Zip: INDIANTOWN, FL

Title: VP ( ) Delete  
Name: CHILSON, MILDRED,  
Address: SPRING HAVEN ESTATES  
City-St-Zip: INDINTOWN, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: DC (X) Change ( ) Addition  
Name: POST, LINDA M  
Address: 1130 SW CHAPMAN WAY, #509  
City-St-Zip: PALM CITY, FL 34990

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: NIKKI BEISLER

SVP

04/28/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date