2005 FOR PROFIT CORPORATION ANNUAL REPORT

03-24-2005 90025 045 ***150.00
267291

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

03182005 Chg-P CR2E034 (10/03)

DOCUMENT # 267291

1. Entity Name
BANK OF BELLE GLADE

Principal Place of Business	Mailing Address
108 SE AVENUE D. P.O. BOX 790 BELLE GLADE, FL 33430	108 SE AVENUE D. P.O. BOX 790 BELLE GLADE, FL 33430

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-1024375 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

Stephen M. Prielozny
108 S.E. Avenue D
Belle Glade, FL 33430

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROYAL, GEORGE L JR 216 NW AVENUE E BELLE GLADE, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	EVP Mike Wheeler 190 North Lake Way Pahokee, FL 33476	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD HAND, FRANCES R 949 S E 4TH STREET BELLE GLADE, FL 33430	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AVP Sorilinda Rivero 226 Royal Palm Way Belle Glade, FL 33430	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WEDGWORTH, GEORGE H 2123 E CANAL ST. S BELLE GLADE, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AVP Yusimy D. Silva 100 Sycamore Drive Royal Palm Beach, FL 33411	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PCEO PRIELOZNY, STEPHEN M 833 N E 18TH STREET BELLE GLADE, FL 33430	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KENNEDY, WILLIAM R 1797 BACOM POINT RD. PAHOKEE, FL 33476	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	XX EVP EDMONDSON, HILDA H 18601 S.W. CONNERS HWY CANA POINT, FL 33438	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 3/22/5
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #