

2006 FOR PROFIT CORPORATION ANNUAL REPORT

04-19-2006 90094 002 ***150.00
267291

DOCUMENT # 267291

1. Entity Name
BANK OF BELLE GLADE



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

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

FILED
06 APR 25 PM 2:24

ALTA BELL, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03272006 Chg-P CR2E034 (11/05)

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

7. Name and Address of New Registered Agent

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

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

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

(NOTE: Registered Agent signature required when renewing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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 EV ☐ Delete
NAME WHEELER, MIKE
STREET ADDRESS 190 NORTH LAKE WAY
CITY- ST- ZIP PAHOKEE, FL 33476

TITLE EV ☒ Change ☐ Addition
NAME Wheeler, Mike
STREET ADDRESS P. O. Box 2761
CITY- ST- ZIP Belle Glade, FL 33430

TITLE AV ☐ Delete
NAME SORILINDA, RIVERO
STREET ADDRESS 226 ROYAL PALM WAY
CITY- ST- ZIP BELLE GLADE, FL 33430

TITLE Officer ☐ Change ☒ Addition
NAME Chancey, Rachael
STREET ADDRESS 1700 N.E. Avenue J
CITY- ST- ZIP Belle Glade, FL 33430

TITLE AV ☐ Delete
NAME SILVA, YUSIMY D
STREET ADDRESS 100 SYCAMORE DRIVE
CITY- ST- ZIP ROYAL PALM BEACH, FL 33411

TITLE Officer ☐ Change ☒ Addition
NAME Kirch, Anita
STREET ADDRESS 17286 47th Court North
CITY- ST- ZIP Loxahatchee, FL 33470

TITLE PCEO ☐ Delete
NAME PRIELOZNY, STEPHEN M
STREET ADDRESS 833 N E 18TH STREET
CITY- ST- ZIP BELLE GLADE, FL 33430

TITLE ☐ Change ☐ Addition
NAME *3/31/06*
STREET ADDRESS
CITY- ST- ZIP

TITLE D ☐ Delete
NAME KENNEDY, WILLIAM R
STREET ADDRESS 1797 BACOM POINT RD.
CITY- ST- ZIP PAHOKEE, FL 33476

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE EV ☐ Delete
NAME EDMONDSON, HILDA H
STREET ADDRESS 18601 S.W. CONNERS HWY
CITY- ST- ZIP CANA POINT, FL 33438

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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

Stephen M. Prielozny

3/31/06 (326) 996-6711

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #