

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 25, 2008 8:00 am**  
**Secretary of State**

02-25-2008 90040 006 \*\*\*150.00

<b>DOCUMENT # 267291</b> 1. Entity Name <b>BANK OF BELLE GLADE</b>					
Principal Place of Business <b>108 SE AVENUE D. P.O. BOX 790 BELLE GLADE, FL 33430</b>			Mailing Address <b>108 SE AVENUE D. P.O. BOX 790 BELLE GLADE, FL 33430</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-1024375</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>PRIELOZNY, STEPHEN M 108 S.E. AVENUE D BELLE GLADE, FL 33430</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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	EV <b>WHEELER, MIKE</b> <b>P.O. BOX 2761</b> <b>BELLE GLADE, FL 33430</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>Paul R. Orsenigo</b> <b>P. O. Box 130</b> <b>Belle Glade, FL 33430</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> VP <b>SORILINDA, RIVERO</b> <del>125 ROYAL PALM WAY</del> <b>548 N.E. 1st Street</b> <b>BELLE GLADE, FL 33430</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>James M. Herring, Jr.</b> <b>808 N.E. 2nd Street</b> <b>Belle Glade, FL 33430</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> EVP <b>SILVA, YUSIMY D</b> <b>100 SYCAMORE DRIVE</b> <b>ROYAL PALM BEACH, FL 33411</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <b>Anita Kirch</b> <b>17286 47th Court North</b> <b>Loxahatchee, FL 33470</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO <b>PRIELOZNY, STEPHEN M</b> <b>833 N E 18TH STREET</b> <b>BELLE GLADE, FL 33430</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	O <b>Rachael Chancey</b> <b>1700 N.E. Avenue J</b> <b>Belle Glade, FL 33430</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>KENNEDY, WILLIAM R</b> <b>1797 BACOM POINT RD.</b> <b>PAHOKEE, FL 33476</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>George H. Wedgworth</b> <b>2123 E. Canal Street South</b> <b>Belle Glade, FL 33430</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>HAND, FRANCES R</b> <b>949 S.E. 4TH ST</b> <b>BELLE GLADE, FL 33430</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE:</b> _____ <span style="float: right;">2/19/08</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					