

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Apr 16 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 433917

(2)

1. Corporation Name

BANK AT ORMOND-BY-THE-SEA

Principal Place of Business

1400 OCEAN SHORE BLVD.
P O BOX 3106
ORMOND BEACH FL 32176-0613

Mailing Address

PO BOX 4318
ORMOND BEACH FL 32175-4318
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

08/29/1973

3a. Date of Last Report

06/13/1996

4. FLE Number

59-1467906

Applied For
Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BROUGHER, THOMAS A.
1400 OCEAN SHORE BLVD.
ORMOND BEACH FL 32074

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE VS
NAME BROUGHER, THOMAS A
STREET ADDRESS 24 SOVEREIGN LN.
CITY-ST-ZIP ORMOND BCH, FL 00000

☐ DELETE

TITLE PD
NAME MAYO JR, HOWARD
STREET ADDRESS 110 COUNTRY CLUB DR
CITY-ST-ZIP ORMOND BCH, FL 00000

☐ DELETE

TITLE D
NAME BROWN, DANA V.
STREET ADDRESS 735 1/2 N WILD OLIVE AVE
CITY-ST-ZIP DAYTONA BEACH FL

☐ DELETE

TITLE DC
NAME JOHNSON, HJALMA E.
STREET ADDRESS 509 HALE RD
CITY-ST-ZIP DADE CITY, FL 00000

☐ DELETE

TITLE D
NAME EHRINGER, GERALD L, MD
STREET ADDRESS 1182 OCEAN SHORE BLVD
CITY-ST-ZIP ORMOND BCH, FL 00000

☐ DELETE

TITLE D
NAME JOHNSON, LEONARD H.
STREET ADDRESS 730 E. MERIDAN AVE.
CITY-ST-ZIP DADE CITY FL

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2800 John Anderson Drive

☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed from an attachment with an address

SIGNATURE

4-12-97 (994) 411-1202

CR2E034 (9/96)