

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
95 JAN 23 AM 11:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **451114** (3)
1. Corporation Name
LIBERTY BANK

Principal Place of Business Mailing Address
201 N PALAFOX ST **201 N PALAFOX ST**
P.O. BOX 13210 **P.O. BOX 13210**
PENSACOLA FL 32591-0210 **PENSACOLA FL 32591-0210**

DO NOT WRITE IN THIS SPACE.

3. Date incorporated or Qualified **04/29/1974** 3a. Date of Last Report **02/03/1994**
4. FEI Number **59-1510396** Applied For
Not Applicable
5. Certificate of Status Desired **RX** **\$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

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip Country 29 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
RICHERSON, DELORIES R.
116 1/2 S PALAFOX ST
PENSACOLA FL 32501

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) (DATE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	EVPD
NAME	RICHERSON, DELORIES R
STREET ADDRESS	116 1/2 S. PALAFOX STREET
CITY - ST - ZIP	PENSACOLA FL
TITLE	D
NAME	HUNT, WILLIAM
STREET ADDRESS	411 N SUNSET BLVD
CITY - ST - ZIP	GULF BREEZE FL
TITLE	EVPD
NAME	GILMORE, LONNIE
STREET ADDRESS	1203 E. HERNANDEZ ST
CITY - ST - ZIP	PENSACOLA FL
TITLE	CD
NAME	TAIT, THOMAS D
STREET ADDRESS	8509 PUNTA LORA
CITY - ST - ZIP	PENSACOLA FL
TITLE	D
NAME	ROBERTSON, WILSON B
STREET ADDRESS	9181 WOODRUN PL
CITY - ST - ZIP	PENSACOLA FL
TITLE	D
NAME	WILDER, MARTHA
STREET ADDRESS	332 DEER POINT DR
CITY - ST - ZIP	GULF BREEZE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1 2 NAME	
1 3 STREET ADDRESS	
1 4 CITY - ST - ZIP	
2 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2 2 NAME	
2 3 STREET ADDRESS	
2 4 CITY - ST - ZIP	
3 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3 2 NAME	
3 3 STREET ADDRESS	
3 4 CITY - ST - ZIP	
4 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4 2 NAME	
4 3 STREET ADDRESS	
4 4 CITY - ST - ZIP	
5 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5 2 NAME	
5 3 STREET ADDRESS	
5 4 CITY - ST - ZIP	
6 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6 2 NAME	
6 3 STREET ADDRESS	
6 4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(4)(k), Florida Statutes. I further certify that the information included 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if checked, or on an attachment with an address.

SIGNATURE: *Delories R. Richerson*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Delories R. Richerson

1-17-95 904-435-6728

Liberty Bank
Corporation Annual Report 1995
Document #451114
Attachment

Continuation of Item #12 - Officers & Directors

Title: Director
Name: Richard Davis
Street Address: 2434 Bayshore
City, State, Zip: Gulf Breeze, Florida 32561

Title: Director
Name: Robert E. Boothe, Jr.
Street Address: 9300 Neuman Drive
City, State, Zip: Elberta, Alabama 36530

Title: Director
Name: Lewis Doman
Street Address: 1213 Willowood Lane
City, State, Zip: Gulf Breeze, Florida 32561

Title: Director
Name: C. Dale Mansfield
Street Address: 605 Meander Lane
City, State, Zip: Cantonment, Florida 32533

Title: President & Director
Name: Jerry W. Morrison
Street Address: 1145 Sawgrass Drive
City, State, Zip: Gulf Breeze, Florida 32561
