

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 451114 (3)

1. Corporation Name

LIBERTY BANK



Principal Place of Business

Mailing Address

201 N PALAFOX ST  
P.O. BOX 13210  
PENSACOLA FL 32591-0210

201 N PALAFOX ST  
P.O. BOX 13210  
PENSACOLA FL 32591-0210

3. Date Incorporated or Qualified  
04/29/1974

3a. Date of Last Report  
01/23/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

29 Zip

30 Country

4. FEI Number

59-1510396

Applied For

Not Applicable

5. Certificate of Status Desired

☒ X

\$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

10. Name and Address of New Registered Agent

RICHERSON, DELORIES R.  
116 1/2 S PALAFOX ST  
PENSACOLA FL 32501

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
EVP ☒ Delete Director title only  
RICHERSON, DELORIES R  
116 1/2 S. PALAFOX STREET  
PENSACOLA FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D ☐ DELETE  
HUNT, WILLIAM  
411 N SUNSET BLVD  
GULF BREEZE FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
EVPD ☒ Delete Director title only  
GILMORE, LONNIE  
1203 E. HERNANDEZ ST  
PENSACOLA FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CD ☐ DELETE  
TAIT, THOMAS D  
8509 PUNTA LORA  
PENSACOLA FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D ☐ DELETE  
ROBERTSON, WILSON B  
9181 WOODRUN PL  
PENSACOLA FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D ☐ DELETE  
WILDER, MARTHA  
332 DEER POINT DR  
GULF BREEZE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
President, CEO & Director ☐ Change ☐ Addition  
Jerry W. Morrison  
1145 Sawgrass Drive  
Gulf Breeze, Florida 32561

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
Director ☐ Change ☐ Addition  
C. Dale Mansfield  
605 Meander Circle  
Cantonment, Florida 32533

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
Director ☐ Change ☐ Addition  
Richard A. Davis  
2434 Bayshore Drive  
Gulf Breeze, Florida 32561

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
Director ☐ Change ☐ Addition  
Lewis Doman  
1213 Willowood Drive  
Gulf Breeze, Florida 32561

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
Director ☐ Change ☐ Addition  
Robert E. Boothe, Jr.  
9300 Neuman Drive  
Elberta, AL 36530

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP  
Director ☐ Change ☐ Addition

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 119.07(3)(k), 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, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)