

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 JUN -9 AM 9:17

DOCUMENT # 723431 (3)

1. Corporation Name

COMMUNITY BANKERS OF FLORIDA, INC.

Principal Place of Business

420 E. JEFFERSON ST., STE. 106
P.O. BOX 1461
TALLAHASSEE FL 32301-1857

Mailing Address

420 E. JEFFERSON ST., STE. 106
P.O. BOX 1461
TALLAHASSEE FL 32301-1857

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/17/1972

3a. Date of Last Report

02/23/1994

4. FEI Number

59-1398673

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

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☐

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for interjurisdictional fees under S. 195.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

COOK, SAM

420 E. JEFFERSON ST., STE. 106
TALLAHASSEE FL 32301

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

PD

SMITH, VERNON

2211 OKEECHOBEE RD

FT PIERCE FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

DV

WILLIAMS, JOE

311 W DUVAL

JACKSONVILLE FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D

MARTIN, RICHARD

2031 HENDRICKS AVE.

JACKSONVILLE FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

DT

NIXON, NICK

1417 TIMBERLANE RD

TALLAHASSEE FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

S

COOK, SAN

420 E JEFFERSON STR, STE 106

TALLAHASSEE FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

P/D

Joe Williams

311 W Duval Street

Jacksonville, FL

☒ Change

☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

V/D

Nick Nixon

1417 Timberlane Road

Tallahassee FL

☒ Change

☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

T/D

Guy Colado

1201 S Orlando Avenue

Winter Park FL

☒ Change

☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

D

Vernon Smith

2211 Okeechobee Rd

Ft Pierce FL

☒ Change

☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☒ Change

Cook, Sam

☐ 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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Sam Cook

SAM COOK

6/7/95

222-6424

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone