2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

		1074 11			F7	70875				
DOCUMENT # F70875  1. Entity Name							FILED			
FIRST ALACHUA BANKING CORPORATION:								-2 AH		
Principal Place of Business Mailing Address							TALLALI	FAIL OF	STATE	
							TALLAH,	1225E, 1	LORIDA	
15000 NW 140 STREET P.O. BOX 219 ALACHUA FL 32615 ALACHUA FL 32616										
							1 (TOWEL III) (GE)( Suige	(67) ( <b>252) and 215</b> 0	<b></b>	Padi H Hen
2. Descript Phone of Ductions										
2. Principal Place of Business 3. Mailing Addi				areas					81811 ATHE LEAS BY 1811 BAR	
Suite, Apt.	#, etc.		Suite, Apt. #, etc.			MOORE	CR2E	034 (11/03)		
City & State			City & State				4. FEI Number 59-22	19704	- <del></del>	plied For t Applicable
Zip	Co	untry	Zip	Cour	ntry	ļ	5. Certificate of Status De	sired 📙	\$8.75 Add Fee Required	
6. Name and Address of Current F			tegistered Agent				7. Name and Address of New Registered Agent			
Name .										
SMITH, JERRY M					Street Address (P.O. Box Number is Not Acceptable)					
11318 CREEK DRIVE W. TURKEY CREEK ALACHUA FL 32615									<del></del>	
ALACTION I E 320 IS										İ
					City				FL Zip Code	•
8. The above named entity submits this statement for the purpose of changing its registered office or re							ed agent, or both, in the Star			and accept
the obligations of registered agent.										
SIGNATURE										
Signature, typest or printed name of registered agent and title if episicable. (NOTE: Registered Agent Signature required whom reinstating) DATE										
FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be										
After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State							Trust Fund Cor			to Fees
10.	A Same to Fig	OFFICERS AND	Cec & Carra	11.			ADDITIONS (C) (ANGES)	O OFFICERO	ALID SUGFOTOR	<del></del>
TITLE	(CP	OF FIGERS AND	Delete	TITL		C/P	ADDITIONS/CHANGES	OOFFICERS	KKChange	Addition
NAME	AMITH, JERRY	-		ÅE.				MY	L) AUGINOR	
STREET ADDRESS	EY CREEK	STREET ADDRESS 111			ITH, JERRY 318 CREEK DRIVE WEST TURKEY CREEK					
CITY-ST-ZIP	ALACHUA FL 3	2615	<del></del>	r-st-zip		CHUA, FL 32615				
TITLE	DRUMMOND, MARJORIE S				.E		Change		☐ Addition }	
	1		•	NAN STR	EET ADURESS					ţ
CITY-ST-ZOP	CHIEFLAND FL	. 32626		CITA	r-ST-21P					}
TITLE	D		☐ Delete III		£,	D			Change	ZXAddition
NAME:	CAYSON, GER.	ALD	المستند دود شت و د مرسم		(E	_HIT	HITCHCOCK, ROBERT A. 17006 NW 171ST PLACE			
STREET ADDRESS CITY-SI-ZIP	HWY 20 EAST BLOUNTSTOW	NI ĈI			EET ADDRESS (-ST-ZIP		OB NW 17181 PLA CHUA, FL 32615	CE		
TITLE	AS	Delete	TITL			diox, IL J2015		☐ Change	Addition	
NAME	BEVIS, FRANK		En pour	NAME					<u> </u>	
STREET ADDRESS					EET ADDRESS					- 1
CITY-ST-ZIP	ALACHUA FL 3	2615	THE .	-	/-ST-ZIP		<del></del>			
TITLE NAME	CP (CADelete / SMITH, JERRY M				.t			_	☐ Change	Addition
STREET ADDRESS	AACAA ODEEK OOME M. TURKEN ODEED				EET ADORESS			1 1 1	١.	ļ
CITY-ST-ZIP	T-ZP ALACHUA FL 32615							MI	ペレ	1
TILE	☐ Delet			TITLE				W	\ ☐ Change	Addition
NAME		NAA.					1		ì	
STREET ADDRESS	CITY-ST-ZIP				eet address (-St-Zip			•		ł
	Contifue that the i-f-	reation or make d	this files door set and file			od in Co	nting 440 07/39/3 Floride Co	uden Jarah	mousification at the co	
12. I 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 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.										
SIGNATURE: V 10,4000 /20 de 1/19/04 /2013/11-0-1011										
SIGNATURE: Y COUNTY DY CONTRIBUTED NAME OF SIGNANG OFFICER OR DIRECTOR Date Date Date Date Date Date Plane &										

02-26-2004 90025 035 \*\*\* 150.00