

**2005 FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 25, 2005 08:00 AM
Secretary of State

DOCUMENT # F70875

1. Entity Name
FIRST ALACHUA BANKING CORPORATION



Principal Place of Business

**15000 NW 140 STREET
ALACHUA, FL 32615**

Mailing Address

**P.O. BOX 219
ALACHUA, FL 32616**



01142005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2219704

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**SMITH, JERRY M
11318 CREEK DRIVE W. TURKEY CREEK
ALACHUA, FL 32615**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when re-installing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CP
SMITH, JERRY
11318 CREEK DRIVE WEST TURKEY CREEK
ALACHUA, FL 32615**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
DRUMMOND, MARJORIE S
NE 7TH STREET
CHIEFLAND, FL 32626**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
CAYSON, GERALD
HWY 20 EAST
BLOUNTSTOWN, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**AS
BEVIS, FRANK
14402 NW 118TH AVE
ALACHUA, FL 32615**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
HITCHCOCK, ROBERT A
17006 NW 171ST PLACE
ALACHUA, FL 32615**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000243641
02/25/05-80049-010 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Marjorie Drummond, Secretary

2/24/05 (386) 462-1041