2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2009
Secretary of State

DOCUMENT# G42344

Entity Name: THE INDEPENDENT BANKERS' BANK OF FLORIDA

Current Principal Place of Business:

615 CRESCENT EXECUTIVE CT.
STE. 400
LAKE MARY, FL 32746 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 958423
LAKE MARY, FL 327958423 US

New Mailing Address:

615 CRESCENT EXECUTIVE CT.
STE. 400
LAKE MARY, FL 32746 US

FEI Number: 59-2258003 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

ALLEN, PAUL S SVP CFO
615 CRESCENT EXECUTIVE COURT
SUITE 400
LAKE MARY, FL 32746 US

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.

SIGNATURE: PAUL S. ALLEN 04/28/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: CARRAWAY III, F. W
Address: 200 EAST WASHINGTON STREET
City-St-Zip: MONTICELLO, FL 32344 US

Title: D ( ) Delete
Name: BRYANT, GREGORY W
Address: 2202 N. WESTSHORE BLVD., STE. 150
City-St-Zip: TAMPA, FL 33607

Title: D ( ) Delete
Name: KEIR, BRUCE M
Address: 2400 N COMMERCE PARKWAY, STE 200
City-St-Zip: WESTON, FL 33326

Title: D ( ) Delete
Name: FANT III, JULIAN E
Address: 1234 KING STREET
City-St-Zip: JACKSONVILLE, FL 32204 US

Title: PD ( ) Delete
Name: MCKILLOP, JAMES H III
Address: 615 CRESCENT EXECUTIVE CT., STE. 400
City-St-Zip: LAKE MARY, FL 32746

Title: SVP ( ) Delete
Name: ALLEN, PAUL S
Address: 615 CRESCENT EXECUTVIE CT, STE 400
City-St-Zip: LAKE MARY, FL 32746 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAUL S ALLEN SVP 04/28/2009
Electronic Signature of Signing Officer or Director Date