

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2008 8:00 am**  
**Secretary of State**

04-14-2008 90020 039 \*\*\*150.00

**DOCUMENT # G79529**

1. Entity Name  
**PROSPERITY BANK**



Principal Place of Business  
**100 SOUTHPARK BLVD.  
ST. AUGUSTINE, FL 32086**

Mailing Address  
**P.O. BOX 1690  
ST. AUGUSTINE, FL 32085**

**40066586**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04032008

Chg-P

CR2E034 (12/06)

City & State

City & State

4. FEI Number

**59-2324433**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional .  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CREAMER, EDDIE  
100 SOUTH PARK BLVD.  
ST. AUGUSTINE, FL 32086**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	VCFO	<input type="checkbox"/> Delete
NAME	PETERSON, RANDALL	
STREET ADDRESS	790 N PONCE DE LEON BLVD	
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32084	
TITLE	D	<input type="checkbox"/> Delete
NAME	RUSSAKIS, JIM	
STREET ADDRESS	8803 INDRIQ ROAD	
CITY-ST-ZIP	FT. PIERCE, FL	
TITLE	VCD	<input type="checkbox"/> Delete
NAME	SMITH, VERNON	
STREET ADDRESS	2211 OKACHOBEE RD	
CITY-ST-ZIP	FT PIERCE, FL	
TITLE	DP	<input type="checkbox"/> Delete
NAME	CREAMER, JAMES E JR	
STREET ADDRESS	790 N PONCE DE LEON BLVD	
CITY-ST-ZIP	ST AUGUSTINE, FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BAILEY, MARK	
STREET ADDRESS	790 N PONCE DE LEON	
CITY-ST-ZIP	ST. AUGUSTINE, FL 32085	
TITLE	D	<input type="checkbox"/> Delete
NAME	BOZARD, FRED H	
STREET ADDRESS	790 N PONCE DE LEON	
CITY-ST-ZIP	ST. AUGUSTINE, FL 32085	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	100 Southpark Blvd.	
CITY-ST-ZIP	St. Augustine, FL 32086	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	100 Southpark Blvd.	
CITY-ST-ZIP	St. Augustine, FL 32086	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	100 Southpark Blvd.	
CITY-ST-ZIP	St. Augustine, FL 32086	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	100 Southpark Blvd.	
CITY-ST-ZIP	St. Augustine, FL 32086	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 #

**4-3-08**

PROSPERITY BANK  
BOARD OF DIRECTORS

ATTACHMENT

40066586

G79529

DAVID LEE  
P. O. BOX 57517  
JACKSONVILLE, FL 32241

MELVIN MCQUAIG  
4 LOUISE STREET  
ST. AUGUSTINE, FL 32095

RON SZYMANSKI  
84 COMANCHE COURT  
PALM COAST, FL 32137

KAREN TAYLOR  
3022 HARBOR DRIVE  
ST. AUGUSTINE, FL 32095

TRACY UPCHURCH  
P. O. BOX 3007  
ST. AUGUSTINE, FL 32085

MELISSA MILLER  
P.O. BOX 1055  
PALATKA, FL 32178