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FILED
May 19 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **H56028** (4)
1. Corporation Name
COMMUNITY BANK OF HOMESTEAD



Principal Place of Business Mailing Address
28801 S.W. 157TH AVENUE **28801 S.W. 157TH AVENUE**
HOMESTEAD FL 33033-2437 **HOMESTEAD FL 33033-2437**

3. Date Incorporated or Qualified **05/08/1985** 3a. Date of Last Report **05/01/1996**
4. FEI Number **59-1474050** Applied For
Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**
6. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent

Robert L. Epling
28801 S.W. 157th Avenue
Homestead, Florida 33033

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	GRAVES, KENNETH			1.2 NAME	Colleen H. Boggs		
STREET ADDRESS	19370 S.W. 280TH STREET			1.3 STREET ADDRESS	16300 S.W. 184th Street		
CITY - ST - ZIP	HOMESTEAD FL			1.4 CITY - ST - ZIP	Miami, Florida 33187		
TITLE	DC	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BLAYLOCK, HAYDEN			2.2 NAME			
STREET ADDRESS	14995 S.W. 284TH ST.			2.3 STREET ADDRESS			
CITY - ST - ZIP	HOMESTEAD FL			2.4 CITY - ST - ZIP			
TITLE	DVC	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CASE, GERALD C.			3.2 NAME			
STREET ADDRESS	14925 S.W. 232ND ST.			3.3 STREET ADDRESS			
CITY - ST - ZIP	GOULDS FL			3.4 CITY - ST - ZIP			
TITLE	V	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BRAUN, DANIEL D.			4.2 NAME			
STREET ADDRESS	1020 N. AUDUBON DR.			4.3 STREET ADDRESS			
CITY - ST - ZIP	HOMESTEAD FL			4.4 CITY - ST - ZIP			
TITLE	PD	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	EPLING, ROBERT L.			5.2 NAME			
STREET ADDRESS	18824 S.W. 293RD TERR.			5.3 STREET ADDRESS			
CITY - ST - ZIP	HOMESTEAD FL			5.4 CITY - ST - ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JACOBSEN, MARLOW			6.2 NAME			
STREET ADDRESS	437 N. KROME AVENUE			6.3 STREET ADDRESS			
CITY - ST - ZIP	HOMESTEAD FL			6.4 CITY - ST - ZIP			

14. I do 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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13, unchanged, or on an attachment with an address.

SIGNATURE: Robert L. Epling 4/25/97 (305) 245-2211
DATE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)