

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 12, 2007 8:00 am**  
**Secretary of State**

02-12-2007 90066 047 \*\*\*150.00

**DOCUMENT # H68753**

1. Entity Name  
**HERITAGE BANK OF NORTH FLORIDA**



Principal Place of Business  
**794 BLANDING BLVD.  
P O BOX 2107  
ORANGE PARK, FL 32067-2107**

Mailing Address  
**794 BLANDING BLVD.  
P O BOX 2107  
ORANGE PARK, FL 32067-2107**

**40013204**



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02062007

Chg-P

CR2E034 (12/06)

4. FEI Number

**59-2559367**

Applied For

Not Applicable

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

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **CD** ☐ Delete  
NAME **HEAD, ROBERT J., JR.**  
STREET ADDRESS **841 SORRENTO ROAD**  
CITY-ST-ZIP **JACKSONVILLE, FL**

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS ☐ Change ☐ Addition  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **D** ☒ Delete  
NAME **HUNTLEY, LOUIS L.**  
STREET ADDRESS **104 MILWAUKE AVE** **Deceased 07-06**  
CITY-ST-ZIP **ORANGE PARK, FL**

TITLE **D** ☐ Change ☒ Addition  
NAME **Huntley, L. Ward**  
STREET ADDRESS **4568 Ortega Blvd.**  
CITY-ST-ZIP **Jacksonville, FL 32210**

TITLE **PD** ☐ Delete  
NAME **KNEPPER, RANDOLPH L**  
STREET ADDRESS **PO BOX 2107 #2067**  
CITY-ST-ZIP **ORANGE PARK, FL**

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS **P. O. Box 2107**  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **SV** ☐ Delete  
NAME **REINEKE, LOIS**  
STREET ADDRESS **2199 ASTOR STREET, #103**  
CITY-ST-ZIP **ORANGE PARK, FL 32073**

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS ☐ Change ☐ Addition  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **D** ☐ Delete  
NAME **MORRIS, SHELDON A.**  
STREET ADDRESS **6975 OLD CHURCH ROAD**  
CITY-ST-ZIP **GREEN COVE SPGS., FL**

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS ☐ Change ☐ Addition  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **OAVP** ☐ Delete  
NAME **SCOTT, JUDITH A**  
STREET ADDRESS **2498 BOTTOMRIDGE RD**  
CITY-ST-ZIP **ORANGE PARK, FL 32065**

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS ☐ Change ☐ Addition  
CITY-ST-ZIP ☐ Change ☐ Addition

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: Michael V. Kearney  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-06-07

904-272-2265

Date

Daytime Phone #

**Michael V. Kearney, CFO**

# ATTACHMENT

2007 FOR PROFIT CORPORATION  
ANNUAL REPORT

40013204

Heritage Bank of North Florida

Document #H68753

**(Physical Address)**

794 Blanding Boulevard  
Orange Park, FL 32065

**(Mailing Address)**

Post Office Box 2107  
Orange Park, FL 32067

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**Director**

Pass, Deborah S.  
1028 Fruit Cove Road  
Jacksonville, FL 32065

**Director**

Wilhite, Marvin E.  
2050 Alpha Court  
Orange Park, FL 32073

**Officer – VP**

Hall, Charlotte A.  
4332 Rye Court  
Jacksonville, FL 32259

**Officer – SVP**

Strickland, James R.  
2718 Tanya Terrace  
Jacksonville, FL 32223

**Officer – AVP/Electronic Banking Officer**

Marquez, Shirley O.  
1631 Dartmouth Drive  
Middleburg, FL 32068

**Officer-VP**

Totten, Greg  
4658 Empire Avenue  
Jacksonville, FL 32207

**Officer-SVP-CFO**

Kearney, Michael V.  
4644 West Seneca Drive  
Jacksonville, FL 32259

**Officer-VP**

Ventura, Remi  
5630 Coldstream Court  
Jacksonville, FL 32222