2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H68753

Entity Name: HERITAGE BANK OF NORTH FLORIDA

FILED Apr 20, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business
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794 BLANDING BLVD. 794 BLANDING BLVD.

P O BOX 2107 ORANGE PARK, FL 320672107 ORANGE PARK, FL 320672107

Current Mailing Address: New Mailing Address:

794 BLANDING BLVD. P O BOX 2107 ORANGE PARK, FL 320672107

FEI Number: 59-2559367 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CD () Delete Title: CD (X) Change () Addition
Name: HEAD, ROBERT J., JR. Name: HEAD, ROBERT J., JR.
Address: 841 SORRENTO ROAD Address: 841 SORRENTO ROAD

Address: 841 SORRENTO ROAD Address: 841 SORRENTO ROAD
City-St-Zip: JACKSONVILLE, FL 32207

Title: D () Delete Title: () Change () Addition Name: HUNTLEY, WARD L Name:

Address: 4568 ORTEGA BLVD Address: City-St-Zip: JACKSONVILLE, FL 32210 City-St-Zip:

Title: PD () Delete Title: PD (X) Change () Addition

Name: KNEPPER, RANDOLPH L
Address: P.O. BOX 2107

Address: P.O. BOX 2107

Address: P.O. BOX 2107

City-St-Zip: ORANGE PARK, FL City-St-Zip: ORANGE PARK, FL 32067

Title: EVP () Delete Title: D (X) Change () Addition

 Name:
 REINEKE, LOIS
 Name:
 DURHAM, DEBORAH P

 Address:
 2199 ASTOR STREET, #103
 Address:
 1028 FRUIT COVE ROAD

 City-St-Zip:
 ORANGE PARK, FL 32073
 City-St-Zip:
 JACKSONVILLE, FL 32259

Title: D () Delete Title: () Change () Addition

 Name:
 GARTNER, WINFIELD A
 Name:

 Address:
 1660 PRUDENTIAL DR, STE. 203
 Address:

 City-St-Zip:
 JACKSONVILLE, FL 32207
 City-St-Zip:

Title: OAVP () Delete Title: D (X) Change () Addition

 Name:
 SCOTT, JUDITH A
 Name:
 WILHITE, MARVIN A

 Address:
 2498 BOTTOMRIDGE RD
 Address:
 2050 ALPHA COURT

 City-St-Zip:
 ORANGE PARK, FL 32065
 City-St-Zip:
 ORANGE PARK, FL 32073

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: MICHAEL V. KEARNEY CFO 04/20/2009