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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # **H76426** (6)

1. Corporation Name  
**PINELLAS COMMUNITY BANK**

Principal Place of Business Mailing Address

**350 E. BAY DRIVE  
P O BOX 2910  
LARGO FL 34649-2910**

**350 E. BAY DRIVE  
P O BOX 2910  
LARGO FL 34649-2910**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip County 28 Zip Country

3. Date Incorporated or Qualified **09/17/1985** 3a. Date of Last Report **03/25/1994**

4. FEI Number **59-2577296** Applied For Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

N/A

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DST AYERS, JAMES T. 350 E. BAY DRIVE LARGO FL</b>	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D BUNNELL, THEODORE R. 350 E. BAY DRIVE LARGO FL</b>	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>CD FEASTER, GEORGE E. 350 E. BAY DRIVE LARGO FL</b>	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DP MCGEACHY, CLAUDE E 350 E BAY DR LARGO FL</b>	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>V LEATHERS, TIMOTHY L. 350 E. BAY DRIVE LARGO FL</b>	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D PHILLIPOFF, J. VCTOR 350 E. BAY DRIVE LARGO FL</b>	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(a), 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, as applicable, or on an attachment with an address.

SIGNATURE: *Kenneth P. Cherven* March 23, 1995 (813)585-3111  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Kenneth P. Cherven, President & C.E.O.**

H-76426

STATE OF FLORIDA  
PINELLAS COMMUNITY BANK  
1995 ANNUAL REPORT (continued)

1.	2.	3.	4.
<u>TITLE</u>	<u>NAMES OF OFFICERS AND DIRECTORS</u>	<u>STREET ADDRESS OF EACH OFFICER AND DIRECTOR</u>	<u>CITY AND STATE</u>
P/D	CHERVEN, KENNETH P.	350 E. BAY DRIVE	LARGO, FL
EVP/D	BANKS, LLOYD S.	350 E. BAY DRIVE	LARGO, FL
VP	LANNON, JAMES B.	350 E. BAY DRIVE	LARGO, FL
AVP/BM**	BORDEAUX, SUSAN B.	350 E. BAY DRIVE	LARGO, FL
AVP	BRUNK, MICHAEL T.	350 E. BAY DRIVE	LARGO, FL
AVP	SNYDER, SANDRA	350 E. BAY DRIVE	LARGO, FL
AVP/BM **	CROUCH, SANDRA M.	2781 W. BAY DRIVE	BELLEAIR BLUFFS, FL
O*	GAGNON, MARY ANN	2781 W. BAY DRIVE	BELLEAIR BLUFFS, FL
O*	MCALEER, KAY M.	350 E. BAY DRIVE	LARGO, FL
D	ALAND, PATRICK J.	350 E. BAY DRIVE	LARGO, FL
D	BAUER, GEORGE P.	350 E. BAY DRIVE	LARGO, FL
D	GUTHRIE, ROBERT F.	350 E. BAY DRIVE	LARGO, FL
D	PAPPAS, GEORGE N.	350 E. BAY DRIVE	LARGO, FL
D	STEANS, HARRISON I.	350 E. BAY DRIVE	LARGO, FL

\* - Denotes officer status

\*\* - "BM" denotes Branch Manager status