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Apr 01 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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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 33779-2910**



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  
24 **33770-2910** 25

28 Zip Country  
29 30

3. Date Incorporated or Qualified

**09/17/1985**

3a. Date of Last Report

**03/26/1996**

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**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

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

Sign above, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE  
NAME **AYERS, JAMES T.**  
STREET ADDRESS **350 E. BAY DRIVE**  
CITY - ST - ZIP **LARGO FL**

TITLE **D** ☐ DELETE  
NAME **BUNNELL, THEODORE R.**  
STREET ADDRESS **350 E. BAY DRIVE**  
CITY - ST - ZIP **LARGO FL**

TITLE **D** ☐ DELETE  
NAME **FEASTER, GEORGE E.**  
STREET ADDRESS **350 E. BAY DRIVE**  
CITY - ST - ZIP **LARGO FL**

TITLE **CD** ☐ DELETE  
NAME **MCGEACHY, CLAUDE E**  
STREET ADDRESS **350 E BAY DR**  
CITY - ST - ZIP **LARGO FL**

TITLE **V** ☐ DELETE  
NAME **LEATHERS, TIMOTHY L.**  
STREET ADDRESS **350 E. BAY DRIVE**  
CITY - ST - ZIP **LARGO FL**

TITLE **D** ☐ DELETE  
NAME **PHILLIPOFF, J. VICTOR**  
STREET ADDRESS **350 E. BAY DRIVE**  
CITY - ST - ZIP **LARGO FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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 if changed, or on an attachment with an address.

SIGNATURE:

 **Timothy L. Leathers**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0386130

CR2E034 (9/96)

STATE OF FLORIDA  
PINELLAS COMMUNITY BANK  
1997 ANNUAL REPORT (continued)

1. TITLE	2. NAMES OF OFFICERS AND DIRECTORS	3. STREET ADDRESS OF EACH OFFICER AND DIRECTOR	4. CITY AND STATE
P/D	CHERVEN, KENNETH P.	350 E. BAY DRIVE	LARGO, FL
V	MCMURTREY, BRAD	350 E. BAY DRIVE	LARGO, FL
V/BM**	BORDEAUX, SUSAN B.	350 E. BAY DRIVE	LARGO, FL
V/BM**	BYARS, SARAH D.	2475 SUNSET POINT ROAD	CLEARWATER, FL
V	MISNER, HAROLD S.	350 E. BAY DRIVE	LARGO, FL
V	JOHANSEN, WARD I.	350 E. BAY DRIVE	LARGO, FL
V	SNYDER, SANDRA	350 E. BAY DRIVE	LARGO, FL
AVP	CROUCH, SANDRA M.	350 E. BAY DRIVE	LARGO, FL
BM**	BROTMAN, MARY K.	2781 W. BAY DRIVE	BELLEAIR BLUFFS, FL
O*	COPELAND, RENEE	350 E. BAY DRIVE	LARGO, FL
O*	CRANDON, JOHN H.	350 E. BAY DRIVE	LARGO, FL
O*	MCALEER, KAY M.	350 E. BAY DRIVE	LARGO, FL
O*	TELESCA, SUSAN	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	KLEIN, MARK S.	350 E. BAY DRIVE	LARGO, FL
D	STEANS, HARRISON I.	350 E. BAY DRIVE	LARGO, FL

\* - Denotes officer status

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

FORMS\ANNRPT.FL