

2007 FOR PROFIT CORPORATION ANNUAL REPORT

01-16-2007 90186049 ***150.00
J82990

DOCUMENT # J82990

1. Entity Name
FIRST BANK OF JACKSONVILLE



FILED

07 JAN 26 PM 3:03

Principal Place of Business
11100 SAN JOSE BOULEVARD
JACKSONVILLE, FL 32223

Mailing Address
11100 SAN JOSE BOULEVARD
JACKSONVILLE, FL 32223

STATE
JACKSONVILLE, FLORIDA



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01032007 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number
59-2907383

Applied For
Not Applicable

Zip

Country

Zip

Country

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

DEPARTE, CYNTHIA J
11100 SAN JOSE BOULEVARD
JACKSONVILLE, FL 32223

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PCEO
DEPARTE, CYNTHIA J
413 KENTUCKY BRANCH LANE
JACKSONVILLE, FL 32259 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
TREVETT, HARRY R
7849 JAMES ISLAND WAY
JACKSONVILLE, FL 32256 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
C
Trevett, Harry R
7849 James Island Way
Jacksonville, FL 32256 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MOCK, WILLIAM J JR
1834 SUNRISE DR
FERNANDINA BEACH, FL 32035 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
Root, Richard D.
8444 Stables Rd
Jacksonville, FL 32256 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
DE SANTO, MICHAEL
3621 SILVERY LANE
JACKSONVILLE, FL 32217 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
Pham, M.D., Bao T.
8488 Stables Rd
Jacksonville FL 32256 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
JONES-CARTER, ELAINE
8019 ACORN RIDGE RD
JACKSONVILLE, FL 32258 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MOORE, TERRY A
1951 LARGO RD
JACKSONVILLE, FL 32207 ☐ Delete

TITLE
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/07 904-262-1000
Date Daytime Phone #