

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J82990

FILED
Apr 24, 2009
Secretary of State

Entity Name: FIRST BANK OF JACKSONVILLE

Current Principal Place of Business:

11100 SAN JOSE BOULEVARD
JACKSONVILLE, FL 32223

New Principal Place of Business:

Current Mailing Address:

11100 SAN JOSE BOULEVARD
JACKSONVILLE, FL 32223

New Mailing Address:

FEI Number: 59-2907383

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOORE, TERRY A
50 NORTH LAURA STREET
SUITE 1100
JACKSONVILLE, FL 32202 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PCEO () Delete
Name: TOSH, RICHARDSON A
Address: 424 QUAIL MEADOW CT
City-St-Zip: DEBARY, FL 32713

Title: C () Delete
Name: TREVETT, HARRY R
Address: 7849 JAMES ISLAND WAY
City-St-Zip: JACKSONVILLE, FL 32256

Title: D () Delete
Name: MOCK, WILLIAM J JR
Address: 1934 SUNRISE DR
City-St-Zip: FERNANDINA BEACH, FL 32035

Title: D () Delete
Name: DE SANTO, MICHAEL
Address: 3621 SILVERY LANE
City-St-Zip: JACKSONVILLE, FL 32217

Title: D () Delete
Name: JONES-CARTER, ELAINE
Address: 8019 ACORN RIDGE RD
City-St-Zip: JACKSONVILLE, FL 32256

Title: D () Delete
Name: MOORE, TERRY A
Address: 1951 LARGO RD
City-St-Zip: JACKSONVILLE, FL 32207

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PCEO (X) Change () Addition
Name: KILLINGSWORTH, THOMAS M
Address: 836 PALM HARBOR CT.
City-St-Zip: LEESBURG, FL 34748

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: ROOT, RICK
Address: 8444 STABLES ROAD
City-St-Zip: JACKSONVILLE, FL 32256

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: BETTY STOUGH

VCFO

04/24/2009

Electronic Signature of Signing Officer or Director

Date