

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 17 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 # **J82991** (7)  
1. Corporation Name  
**ENGLEWOOD BANK**



Principal Place of Business <b>1111 SOUTH MCCALL RD. ENGLEWOOD FL 34223</b>	Mailing Address <b>1111 SOUTH MCCALL RD. ENGLEWOOD FL 34223-4229</b>
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3. Date Incorporated or Qualified <b>03/11/1988</b>	3a. Date of Last Report <b>03/08/1996</b>
4. FEI Number <b>59-2768554</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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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

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

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	<b>DAVIS, A. FEROLD</b>	
STREET ADDRESS	<b>285 STRATFORD RD.</b>	
CITY - ST - ZIP	<b>ENGLEWOOD FL</b>	
TITLE	D	<input type="checkbox"/> DELETE
NAME	<b>FLISCHEL, RAYMOND W.</b>	
STREET ADDRESS	<b>7191 CARLSBAD TERRACE.</b>	
CITY - ST - ZIP	<b>ENGLEWOOD FL</b>	
TITLE	D	<input type="checkbox"/> DELETE
NAME	<b>MATHERLY, RALPH E.</b>	
STREET ADDRESS	<b>120 ANCHOR ROW, P. O. BOX 129</b>	
CITY - ST - ZIP	<b>PLACIDA FL</b>	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	<b>MORRIS, PAUL V.</b>	
STREET ADDRESS	<b>245 CAPSTAN DR.</b>	
CITY - ST - ZIP	<b>CAPE HAZE FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME	<i>See Attached</i>	
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR

3-21-97

Date

941/475-6771

Daytime Phone

CR2E034 (9/96)

(02-01-97)

(PERS.BOD.1)

**ENGLEWOOD BANK  
BOARD OF DIRECTORS**

D	BISCEGLIA, Vito D. 11 Jamestown Avenue Englewood FL 34223	475-4122	Brenda
D	CARROLL, William J. "Don" 1617 Jean LaFitte Drive P O Box 1363 Boca Grande FL 33921-1363	964-2265	Joan
D	DOWD, John F. 1670 Columbia Drive Englewood FL 34223	474-9008	Kathy
D	NEWMAN, Ernie J., Jr. 1520 River Road Englewood, Florida 34223	474-8082	None
D	WRIGHT, William R. 1401 Beach Road, #401 Englewood, Florida 34223	475-6945	Darlene
D	YUSK, Richard M. 1100 Bayshore Drive Englewood, Florida 34223	474-7449	Georgia