

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 24, 2005 08:00 AM
Secretary of State

DOCUMENT # M24748

1. Entity Name
BELLE GLADE BANK CORPORATION



Principal Place of Business

108 SE AVE. D
P.O. BOX 790
BELLE GLADE, FL 33430

Mailing Address

108 SE AVE. D
P.O. BOX 790
BELLE GLADE, FL 33430



03182005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2630517

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

PRIELOZNY, SHEPHEN M.
108 SE AVE. D
BELLE GLADE, FL 33430

**DO NOT WRITE
IN THIS SPACE**

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	ROYAL, GEORGE L JR
STREET ADDRESS	218 NW. AVE E
CITY-ST-ZIP	BELLE GLADE, FL 33430
TITLE	D
NAME	WEDGWORTH, GEORGE H.
STREET ADDRESS	2123 E. CANAL STREET S.
CITY-ST-ZIP	BELLE GLADE, FL 33430
TITLE	DC
NAME	HAND, FRANCES R
STREET ADDRESS	949 S.E. 4TH ST.
CITY-ST-ZIP	BELLE GLADES, FL 33430
TITLE	DP
NAME	PRIELOZNY, STEPHEN M
STREET ADDRESS	833 NE 18TH STREET
CITY-ST-ZIP	BELLE GLADE, FL 33430
TITLE	D
NAME	KENNEDY, WILLIAM R
STREET ADDRESS	1797 BACON POINT RD
CITY-ST-ZIP	PAHOKEE, FL 33476
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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03/24/05-80018-009 150.00

12. I 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 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

3/22/5

Daytime Phone #