

2004 FOR PROFIT CORPORATION ANNUAL REPORT

04-12-2004 90264 013 ***150.00
P00000009810

4
-5 AM 9:45
ASSEE, FLORIDA

DOCUMENT # P00000009810					
1. Entity Name FRIENDS BANK					
Principal Place of Business 2222 STATE ROUTE 44 NEW SMYRNA BEACH, FL 32168			Mailing Address 2222 STATE ROUTE 44 NEW SMYRNA BEACH, FL 32168		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-3556942	
				Applied For Not Applicable	
				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		
			Name Patricia J. Van Eck		
			Street Address (P.O. Box Number is Not Acceptable) 2222 State Road 44		
			City New Smyrna Beach FL 32168		
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 <i>Patricia J. Van Eck</i>		Patricia J. Van Eck EVP/CEO		DATE 4/21/04	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)			
FILE NOW! FEE IS \$150.00 After May 1, 2004 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	D ALLEN, RICHARD C SR 303 CITRUS OPEN DR NEW SMYRNA BEACH, FL 32168	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALLEN, ROBERT E 650 WELLESLEY COURT NEW SMYRNA BEACH, FL 33168	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BYRD, CHARLES H 907 N ATLANTIC AVE NEW SMYRNA BEACH, FL 33169	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEAN, ROBERT C 602 N PENINSULA AVE NEW SMYRNA BEACH, FL 32169	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FORD, FRANCES R 513 N RIVERSIDE DRIVE EDGEWATER, FL 32132	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ 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 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 807, 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: <i>Patricia J. Van Eck</i>		4/8/04		386-428-7299	
Signature and typed or printed name of signing officer or director		Date		Daytime Phone #	

66414653



04082004 Chg-P CR2E034 (10/03)