

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000009810

Entity Name: FRIENDS BANK

FILED  
Mar 19, 2009  
Secretary of State

## Current Principal Place of Business:

2222 STATE ROUTE 44  
NEW SMYRNA BANK, FL 32168

## New Principal Place of Business:

## Current Mailing Address:

2222 STATE ROUTE 44  
NEW SMYRNA BANK, FL 32168

## New Mailing Address:

FEI Number: 59-3556942

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: ALLEN, RICHARD C SR  
Address: 303 CITRUS OPEN DR  
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: D ( ) Delete  
Name: ALLEN, ROBERT E  
Address: 650 WELLESLEY COURT  
City-St-Zip: NEW SMYRNA BEACH, FL 33168

Title: D ( ) Delete  
Name: BYRD, CHARLES H  
Address: 2001 WATERFORD ESTATES DRIVE  
City-St-Zip: NEW SMYRNA BEACH, FL 33168

Title: D ( ) Delete  
Name: DEAN, ROBERT C  
Address: 602 N PENINSULA AVE  
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: D ( ) Delete  
Name: KISH, ALEX H  
Address: 805 SILK OAK COURT  
City-St-Zip: NEW SMYRNA BEACH, FL 32168

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: PATRICIA J. VANECK

EVP

03/19/2009

Electronic Signature of Signing Officer or Director

Date