

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000026997

FILED
Jan 09, 2012
Secretary of State

Entity Name: FLORIDA COMMUNITY BANKSHARES, INC.

Current Principal Place of Business:

1603 S.W. 19TH AVENUE
OCALA, FL 34474

New Principal Place of Business:

1603 S.W. 19TH AVENUE
OCALA, FL 34471

Current Mailing Address:

1603 S.W. 19TH AVENUE
OCALA, FL 34474

New Mailing Address:

1603 S.W. 19TH AVENUE
OCALA, FL 34471

FEI Number: 59-3668446

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAILEY, HUGH F
1603 S.W. 19TH AVENUE
OCALA, FL 34474 US

Name and Address of New Registered Agent:

DAILEY, HUGH F
1603 S.W. 19TH AVENUE
OCALA, FL 34471 US

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: HUGH F. DAILEY

01/09/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D
Name: DAILEY, HUGH F
Address: 1603 S.W. 19TH AVENUE
City-St-Zip: OCALA, FL 34471

Title: D
Name: DENYER, DAVID
Address: 1603 SW 19TH AVE
City-St-Zip: OCALA, FL 34471

Title: D
Name: ELLENBERG, KENNETH
Address: 1603 SW 19TH AVE
City-St-Zip: OCALA, FL 34471

Title: D
Name: BAILEY, WINSTON
Address: 1603 SW 19TH AVE
City-St-Zip: OCALA, FL 34471

Title: D
Name: JERNIGAN, JIM
Address: 1603 SW 19TH AVE
City-St-Zip: OCALA, FL 34471

Title: D
Name: ANDERSON, NEAL
Address: 1603 SW 19TH AVE
City-St-Zip: OCALA, FL 34471

I hereby 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 all other like empowered.

SIGNATURE: HUGH F. DAILEY

D

01/09/2012

Electronic Signature of Signing Officer or Director

Date