

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 22, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P00000094663**

1. Entity Name  
**SOUTHERN COMMUNITY BANK OF SOUTHWEST  
FLORIDA**



Principal Place of Business

**9021 BONITA BEACH RD  
BONITA SPRINGS, FL 34135**

Mailing Address

**P.O. BOX 1899  
BONITA SPRINGS, FL 34133**

**DO NOT WRITE IN THIS SPACE**



04142004 No Chg-P CR2E034 (10/03)

4. FEI Number  
**59-3585965**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**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, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

U000000124976  
04/22/04-80066-002 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	BARBER, FREDERICK T III
STREET ADDRESS	42 9TH ST
CITY-ST-ZIP	BONITA SPRINGS, FL 34134
TITLE	D
NAME	BERRY, GERALD T
STREET ADDRESS	367 RIDGE DR
CITY-ST-ZIP	NAPLES, FL 34108
TITLE	D
NAME	BRINKLEY, CHARLIE W JR
STREET ADDRESS	537 SPRING CLUB DR
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714
TITLE	C
NAME	GARNER, RICHARD L
STREET ADDRESS	4090 MARSHVIEW CT
CITY-ST-ZIP	BONITA SPRINGS, FL 34134
TITLE	D
NAME	GILKEY, DENNIS J
STREET ADDRESS	27850 RIVERWALK WAY
CITY-ST-ZIP	BONITA SPRINGS, FL 34134
TITLE	D
NAME	JENSEN, CLARK D
STREET ADDRESS	641 HICKORY RD
CITY-ST-ZIP	NAPLES, FL 34108

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**

*Richard L. Garner*

**Richard L. Garner, CEO**

**4/15/04 (239) 949-6300**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #