2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 04, 2008
Secretary of State

DOCUMENT# P01000110913

Entity Name: SOUTHWEST FLORIDA COMMUNITY BANCORP, INC.

Current Principal Place of Business:

1565 RED CEDAR DR
FT MYERS, FL 33907

New Principal Place of Business:

Current Mailing Address:

1565 RED CEDAR DR
FT MYERS, FL 33907

New Mailing Address:

FEI Number: 65-1154521 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HALL, DAVID C
1565 RED CEDAR DR
FT MYERS, FL 33907 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	DP	( ) Delete
Name:	HALL, DAVID C	
Address:	1565 RED CEDAR DR	
City-St-Zip:	FT MYERS, FL 33907	
Title:	S	( ) Delete
Name:	MUROLO, CAROL	
Address:	1565 RED CEDAR DRIVE	
City-St-Zip:	FORT MYERS, FL 33907	
Title:	D	( ) Delete
Name:	ANDERSON, MARK	
Address:	1565 RED CEDAR DRIVE	
City-St-Zip:	FORT MYERS, FL 33907	
Title:	D	( ) Delete
Name:	BRANCH, WILLIAM	
Address:	1565 RED CEDAR DRIVE	
City-St-Zip:	FORT MYERS, FL 33907	
Title:	DC	( ) Delete
Name:	MCHALE, GERARD A JR	
Address:	7146 ESTERO BLVD	
City-St-Zip:	FORT MYERS BEACH, FL 33931	
Title:	D	( ) Delete
Name:	EDWARDS, SUZANNE	
Address:	1565 RED CEDAR DRIVE	
City-St-Zip:	FORT MYERS, FL 33907	

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:	D	(X) Change ( ) Addition
Name:	TRIPPE, GARY	
Address:	1565 RED CEDAR DRIVE	
City-St-Zip:	FORT MYERS, FL 33907	
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: DAVID C. HALL DP 01/04/2008

Electronic Signature of Signing Officer or Director — Date