

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000116809

FILED
Apr 27, 2009
Secretary of State

Entity Name: RIVERSIDE BANK OF CENTRAL FLORIDA

Current Principal Place of Business:

401 S SEMORAN BLVD
WINTER PARK, FL 32792

New Principal Place of Business:

Current Mailing Address:

401 S SEMORAN BLVD
WINTER PARK, FL 32792

New Mailing Address:

FEI Number: 59-3745455

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RIVERISDE BANK OF CENTRAL FLORIDA
401 S. SEMORAN BLVD
WINTER PARK, FL 32792 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: D () Delete
Name: CHALIFOUX, WAYNE D
Address: 870 CYNTHIANA CIR
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: CEO () Delete
Name: SMITH, VERNON
Address: 3150 NORTH A1A, 501-N
City-St-Zip: FORT PIERCE, FL 34949

Title: D () Delete
Name: DUNCAN, ROBERT W
Address: 1120 BELLEAIRE CIR
City-St-Zip: ORLANDO, FL 32084

Title: D () Delete
Name: KOVALESKI, CHARLES J
Address: 4120 GABRIELLA LANE
City-St-Zip: WINTER PARK, FL 32792

Title: D () Delete
Name: MCCORMICK, NAN B
Address: 1310 CHICHESTER ST
City-St-Zip: ORLANDO, FL 34803

Title: D () Delete
Name: PETRONE, KATHY S
Address: 309 HEATHERWOOD CT
City-St-Zip: WINTER SPRINGS, FL 32708

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: CEO (X) Change () Addition
Name: SONT, JORGE M
Address: 1648 INDIAN DANCE COURT
City-St-Zip: MAITLAND, FL 32751

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: NICOLE HULBERT

O

04/27/2009

Electronic Signature of Signing Officer or Director

Date