

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000008390

FILED
Mar 30, 2009
Secretary of State

Entity Name: ORION BANK

Current Principal Place of Business:

2150 GOODLETTE ROAD NORTH
NAPLES, FL 34102

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 413040
NAPLES, FL 34101

New Mailing Address:

FEI Number: 59-1648396

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAPITAL CONNECTION, INC.
417 E. VIRGINIA ST.
STE. 1
TALLAHASSEE, FL 323011283 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: WILLIAMS, JERRY J
Address: 2150 GOODLETTE ROAD NORTH
City-St-Zip: NAPLES, FL 34102

Title: D () Delete
Name: PRATT, ALAN
Address: 660 REEF ROAD
City-St-Zip: VERO BEACH, FL 32963

Title: D () Delete
Name: HOLLAND, EARL P
Address: 15270 KILBIRNIE DR SE
City-St-Zip: FT MYERS, FL 33912

Title: D () Delete
Name: AULTMAN, JAMES W
Address: 6799 OVERSEAS HWY
City-St-Zip: MARATHON, FL 33050

Title: D () Delete
Name: SCHMITT, BRIAN C
Address: 11100 OVERSEAS HWY
City-St-Zip: MARATHON, FL 33050

Title: S () Delete
Name: SWEENEY, DAVID J
Address: 9777 WISHIRE LAKES BLVD
City-St-Zip: NAPLES, FL 34109

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:

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City-St-Zip:

Title: () Change () Addition
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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: JERRY J. WILLIAMS

D

03/30/2009

Electronic Signature of Signing Officer or Director

Date