

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P02000064699**

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



Principal Place of Business  
**1850 N FEDERAL HWY  
BOCA RATON, FL**

Mailing Address  
**1850 N FEDERAL HWY  
BOCA RATON, FL**



04192004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3750200**

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

10. OFFICERS AND DIRECTORS

TITLE D  
NAME BEDLEY, DENNIS G  
STREET ADDRESS 2873 NE 35TH CT  
CITY-ST-ZIP FT LAUDERDALE, FL 33308

TITLE D  
NAME BERMAN, LEE  
STREET ADDRESS 2758 ROANE DR  
CITY-ST-ZIP PALM BEACH GARDENS, FL 33410

TITLE D  
NAME BRINKLEY, CHARLIE W JR  
STREET ADDRESS 537 SPRING CLUB DR  
CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32714

TITLE D  
NAME CINQUE, ALFRED J  
STREET ADDRESS 3 GOLFVIEW RD  
CITY-ST-ZIP PALM BEACH, FL 33180

TITLE D  
NAME FOCKE, HENRY R JR  
STREET ADDRESS 13000 NW 1ST ST  
CITY-ST-ZIP PLANTATION, FL 33325

TITLE D  
NAME SQUIRES, JOHN G  
STREET ADDRESS 517 SPRING CLUB DR  
CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32714

U000000132146  
04/27/04-80035-010 150.00

**DO NOT WRITE  
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)(i), 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:

*Stephen R. Jenck*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**STEPHEN R. JENCK** 04/19/04 407-648-1844  
Date Daytime Phone #