

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 29, 2007 08:00 A
Secretary of State

DOCUMENT # P03000074470

1. Entity Name
CORTEZ COMMUNITY BANK



Principal Place of Business
**1000 S BROAD STREET
BROOKSVILLE, FL 34601**

Mailing Address
**1000 S BROAD STREET
BROOKSVILLE, FL 34601**



03222007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

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, 2007 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	AMARCHAND, LINGAPPA DR
STREET ADDRESS	14387 HUNT CLUB LANE
CITY-ST-ZIP	SPRING HILL, FL 34609
TITLE	D
NAME	BERRY, EUGENE A
STREET ADDRESS	7598 ARALIA WAY
CITY-ST-ZIP	LARGO, FL 33777
TITLE	D
NAME	BICKEL, TERRY G
STREET ADDRESS	24132 WESTMINISTER COURT
CITY-ST-ZIP	BROOKSVILLE, FL 34601
TITLE	D
NAME	BROOKS, JOYCE P
STREET ADDRESS	5254 SANDRA DRIVE
CITY-ST-ZIP	BROOKSVILLE, FL 34601
TITLE	D
NAME	GARY, MARY BETH
STREET ADDRESS	9311 WALLIEN DRIVE
CITY-ST-ZIP	BROOKSVILLE, FL 34601
TITLE	D
NAME	GUCKIAN, JOANN E
STREET ADDRESS	9365 ELIDA ROAD
CITY-ST-ZIP	SPRING HILL, FL 34608

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**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/27/07