

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2008 08:00 AM
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



03182008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

U000000368942
04/09/08 00000 004 150.00

10. OFFICERS AND DIRECTORS

TITLE D
NAME HOGAN, THOMAS S
STREET ADDRESS 20 S. BROAD ST
CITY-ST-ZIP BROOKSVILLE, FL 34601

TITLE D
NAME PAGE, DONALD R
STREET ADDRESS 5313 STEEPLE CHASE COURT
CITY-ST-ZIP BROOKSVILLE, FL 34609

TITLE D
NAME BICKEL, TERRY G
STREET ADDRESS 24132 WESTMINSTER COURT
CITY-ST-ZIP BROOKSVILLE, FL 34601

TITLE S
NAME MAMO, JUDY L
STREET ADDRESS 280 RUSK CIRCLE
CITY-ST-ZIP SPRING HILL, FL 346065540

TITLE D
NAME GARY, MARY BETH
STREET ADDRESS 18 N. BROAD ST
CITY-ST-ZIP BROOKSVILLE, FL 34601

TITLE D
NAME PERRY, JOANN E
STREET ADDRESS 9365 ELIDA ROAD
CITY-ST-ZIP SPRING HILL, FL 34608

**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

3/18/08 3527996000
Date Daytime Phone #