

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000035681

FILED
Apr 28, 2009
Secretary of State

Entity Name: SYNOVUS BANK OF JACKSONVILLE

Current Principal Place of Business:

10407 CENTURION PKWY N
SUITE 200
JACKSONVILLE, FL 32256 US

New Principal Place of Business:

Current Mailing Address:

10407 CENTURION PKWY N
SUITE 200
JACKSONVILLE, FL 32256 US

New Mailing Address:

FEI Number: 20-0809944

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

HAMMEL, WILLIAM J
10407 CENTURION PARKWAY NORTH
SUITE 200
JACKSONVILLE, FL 32256 US

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: WILLIAM J. HAMMEL

04/28/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: GLOCK, RICHARD D
Address: 8068 SHADY GROVE RD
City-St-Zip: JACKSONVILLE, FL 32256

Title: DP () Delete
Name: OLINTO, DAMON B
Address: 9118 BARNSTAPLE LANE
City-St-Zip: JACKSONVILLE, FL 32257

Title: D () Delete
Name: HARRELL, WILLIAM H
Address: 3964 ALHAMBRA DR W
City-St-Zip: JACKSONVILLE, FL 32207

Title: DC () Delete
Name: HAMMEL, WILLIAM J
Address: 4528 KUHN RD
City-St-Zip: JACKSONVILLE, FL 32257

Title: D () Delete
Name: JEFFERSON, FRED
Address: 101 S CRAWFORD ST
City-St-Zip: THOMASVILLE, GA 31792

Title: D () Delete
Name: KUESTER, KENNETH P
Address: 295 MARSH LAKES DRIVE
City-St-Zip: FERNANDINA BEACH, FL 32034

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:

Title: DC (X) Change () Addition
Name: HAMMEL, WILLIAM J
Address: 4024 LA VISTA CIRCLE
City-St-Zip: JACKSONVILLE, FL 32217

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: WILLIAM J. HAMMEL

DC

04/28/2009

Electronic Signature of Signing Officer or Director

Date