

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000119209

Entity Name: AMERICANFIRST BANK

FILED  
Jan 29, 2009  
Secretary of State

## Current Principal Place of Business:

183 N. HWY. 27  
CLERMONT, FL 347112401

## New Principal Place of Business:

## Current Mailing Address:

183 N. HWY. 27  
CLERMONT, FL 347112401

## New Mailing Address:

FEI Number: 13-4285865

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: LAWSON, WILLIAM E  
Address: 1803 ROSEWOOD DR  
City-St-Zip: CLERMONT, FL 32714

Title: D ( ) Delete  
Name: PARSONS, DALE H  
Address: 112 CAMPHOR TREE LN  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: D ( ) Delete  
Name: PARSONS, RAY C  
Address: 1600 REGAL COVE CT.  
City-St-Zip: KISSIMMEE, FL 34744

Title: D ( ) Delete  
Name: POTTS, DONALD E  
Address: 5256 TIMBERVIEW TERRACE  
City-St-Zip: ORLANDO, FL 32819

Title: D ( ) Delete  
Name: RICHTER, DENNIS G  
Address: 1021 FAIRVIEW DR  
City-St-Zip: LAWRENCEBURG, IN 47025

Title: D ( ) Delete  
Name: RYAN, SCOTT  
Address: 1220 DOUGLAS AVE UNIT 107 A  
City-St-Zip: LONGWOOD, FL 32779

## 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: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: HARVEY E BUCKMASTER

CFO

01/29/2009

Electronic Signature of Signing Officer or Director

Date