


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2007 8:00 am
Secretary of State

04-12-2007 90025 004 ***150.00

DOCUMENT # P05000022869 1. Entity Name FREEDOM BANK OF AMERICA					
Principal Place of Business 1200 4TH ST N ST PETERSBURG, FL 33701			Mailing Address 1200 4TH ST N ST PETERSBURG, FL 33701		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc		Suite, Apt. #, etc			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
Name				Name	
Street Address (P.O. Box Number is Not Acceptable)				Street Address (P.O. Box Number is Not Acceptable)	
City				City	
State				State	
Zip Code				Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 </div> <div style="width: 30%;"> 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees </div> <div style="width: 30%;"></div> </div>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete ANDERSON, STEPHENSON 4914 59TH AVE ST PETERSBURG, FL 33715		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Richard D. Wilkes 2108 Oceanview Drive Tierra Verde, FL 33715	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete BICKLEY, FREDERICK L 740 64TH AVE ST PETERSBURG, FL 33706		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input type="checkbox"/> Delete BLAKLEY, ROBERT A 10203 FALCON TERR SEMINOLE, FL 33778		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete BUNBURY, BRIAN R 1502 2ND ST N ST PETERSBURG, FL 33704		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <input type="checkbox"/> Delete FERNANDEZ, CARLOS 12090 92ND AVE, N SEMINOLE, FL 33772		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete GIFFIN, WENDY S 501-26TH AVE N ST PETERSBURG, FL 33704		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<div style="display: flex; justify-content: space-between;"> <div> Carlos F. Fernandez, Director/Secretary/EVP </div> <div> 04.6.07 727.820.3931 </div> </div>					

ATTACHMENT

40057697
#05000022869

Freedom Bank of America

10. Officers and Directors (cont'd)

Page 2

TITLE	D
NAME	GREENE, MARCUS W.
STREET ADDRESS	8461 - 125 TH Ct. N.
CITY-ST-ZIP	Seminole, FL 33776

TITLE	D
NAME	LIGON, REGINALD
STREET ADDRESS	6450 - 4 th Street S.
CITY-ST-ZIP	St. Petersburg, FL 33705

TITLE	D
NAME	MONTGOMERY, JAMES A. JR.
STREET ADDRESS	9057 St. Andrews Dr.
CITY-ST-ZIP	Seminole, FL 33777

TITLE	D
NAME	SCHWENCK, PRICE W.
STREET ADDRESS	342 Royal Tern Rd. S.
CITY-ST-ZIP	Ponte Vedra Beach, FL 32082

TITLE	D
NAME	TAPP, WILLIAM G.
STREET ADDRESS	455 - 16 th Ave., N.E.
CITY-ST-ZIP	St. Petersburg, FL 33704

TITLE	D
NAME	WALSH, PATRICK J.
STREET ADDRESS	1455 Oceanview Dr.
CITY-ST-ZIP	Tierra Verde, FL 33715