

2007 FOR PROFIT CORPORATION ANNUAL REPORT

01-16-2007 90260 039 ***150.00
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DOCUMENT # P05000032414	
1. Entity Name ORANGE BANK OF FLORIDA	

FILED

07 JAN 26 PM 3:14

STATE OF FLORIDA
TALLAHASSEE, FLORIDA



Principal Place of Business 519 N. MAGNOLIA AVENUE ORLANDO, FL 32801	Mailing Address 519 N. MAGNOLIA AVENUE ORLANDO, FL 32801
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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

01042007 Chg-P CR2E034 (12/06)

4. FEI Number
20-2535722

Applied For	Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
		Name Michael L. McClanahan	
		Street Address (P.O. Box Number is Not Acceptable) 218 Shadowbay Blvd.	
		City Longwood FL Zip Code 32779	

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.

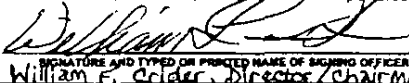
SIGNATURE:  **Michael L. McClanahan, President/CEO** 1/11/07
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reissuing) DATE

**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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DC CRIDER, WILLIAM F 11251 CLAPP SIMMS DUDA ROAD ORLANDO, FL 32822 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Richard A. Anderson, Sr. 5108 Sail Wind Circle Orlando, FL 32801 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D REED, JAMES W 1475 WINTON RD MOUNT PLEASANT, SC 29464 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P/D Michael L. McClanahan 218 Shadowbay Blvd. Longwood, FL 32779 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PENNEY, MICHAEL G 1141 OVERBROOK DR ORLANDO, FL 32804 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	V Kenneth E. Brewer, Jr. 6204 Donegal Drive Orlando, FL 32819 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PEACOCK, WARNER W 1640 E ADAMS DR MAITLAND, FL 32751 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	V Linda K. Sawyer 1234 Munster Street Orlando, FL 32803 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D REED, JAMES W 3054 PIGNATELLI CRESCENT MT. PLEASANT, SC 29466 ☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	S Stacy L. Peterman 121 Summit Ash Way Apopka, FL 32703 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SCHENCK, JEFFREY C 201 CHASE AVENUE WINTER PARK, FL 32789 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ 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:  1/10/2007 407.275-5489
(Signature and typed or printed name of signing officer or director) Date Daytime Phone #
William F. Crider, Director/Chairman