2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Dec 18, 2006
Secretary of State

DOCUMENT# P05000053974

Entity Name: NEIGHBORHOOD BANK CORPORATION

Current Principal Place of Business:

1350 STATE RD 19 N
PALATKA, FL 32177

New Principal Place of Business:

Current Mailing Address:

1350 STATE RD 19 N
PALATKA, FL 32177

New Mailing Address:

FEI Number: 20-3370350 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

PEARLMAN, RICHARD
2457 CARE DR
TALLAHASSEE, FL 32308 US

Name and Address of New Registered Agent:

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: RICHARD PEARLMAN
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D ( ) Change (X) Addition
Name: BECKETT, STEVEN L
Address: 700 ZEAGLER DRIVE SUITE 11
City-St-Zip: PALATKA, FL 32177 US

Title: D ( ) Change (X) Addition
Name: TORODE, WILLIAM E III
Address: 1209 REID ST
City-St-Zip: PALATKA, FL 32177 US

Title: D ( ) Change (X) Addition
Name: CLARK, RONALD
Address: 501 ST JOHNS AVE
City-St-Zip: PALATKA, FL 32177 US

Title: D ( ) Change (X) Addition
Name: BATES, BEN JR
Address: 3400 CRILL AVE
City-St-Zip: PALATKA, FL 32177 US

Title: D ( ) Change (X) Addition
Name: SMITH, KELLY R JR
Address: 213 CRYSTAL COVE DR
City-St-Zip: PALATKA, FL 32177 US

Title: PD ( ) Change (X) Addition
Name: MCCLAIN, LESLIE W
Address: 350 N STATE ROAD 19
City-St-Zip: PALATKA, FL 32177 US

I hereby certify that the information supplied with this filing does not qualify for the 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: LESLIE W. MCCLCAIN PD 12/18/2006
Electronic Signature of Signing Officer or Director Date