

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 27, 2007 8:00 am**  
**Secretary of State**

02-27-2007 90002 013 \*\*\*158.75

**DOCUMENT # P05000053974**

1. Entity Name  
**NEIGHBORHOOD BANK CORPORATION**



Principal Place of Business

350 STATE RD 19 N  
PALATKA, FL 32177

Mailing Address

350 STATE RD 19 N  
PALATKA, FL 32177

**40025238**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02092007

Chg-P

CR2E034 (12/06)

City & State

City & State

4. FEI Number  
**20-3370350**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

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 PD ☐ Delete  
NAME MCCLAIN, L WAYNE  
STREET ADDRESS 285 WEST RIVER ROAD  
CITY-ST-ZIP PALATKA, FL 32177

TITLE ☐ Change ☐ Addition  
NAME \*\*\*\*\*SEE ATTACHMENT FOR\*\*\*\*\*  
STREET ADDRESS ADDITIONAL DIRECTORS  
CITY-ST-ZIP

TITLE V ☐ Delete  
NAME SHACKLEY, ROBERT B JR  
STREET ADDRESS 4650 SOUTH MOON TRAIL  
CITY-ST-ZIP PORT ORANGE, FL 32129

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE V ☐ Delete  
NAME HULL, A DUANE  
STREET ADDRESS 20 RED MAPLE CIRCLE  
CITY-ST-ZIP ORMOND BEACH, FL 32174

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE CD ☐ Delete  
NAME CLARK, RONALD  
STREET ADDRESS 501 ST JOHNS AVENUE  
CITY-ST-ZIP PALATKA, FL 32177

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME BATES, BEN JR  
STREET ADDRESS 3400 CRILL AVE SUITE 1  
CITY-ST-ZIP PALATKA, FL 32177

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME BECKETT, STEPHEN L  
STREET ADDRESS 700 ZEAGLER DRIVE SUITE 11  
CITY-ST-ZIP PALATKA, FL 32177

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Robert B. Shackley, Jr.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT B. SHACKLEY, JR. 02/12/2007

Date

(386) 328-5600

Daytime Phone #

# ATTACHMENT

40025238

## NEIGHBORHOOD BANK CORPORATION

### ATTACHMENT TO P05000053974 2007 ANNUAL REPORT

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<b>D</b> <b>TORODE, WILLIAM E III</b> <b>1209 REID STREET</b> <b>PALATKA, FL 32177</b> <input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<b>D</b> <b>SMITH, KELLEY R JR</b> <b>213 CRYSTAL COVE DR</b> <b>PALATKA, FL 32177</b> <input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<b>D</b> <b>TRESCOT, JOHN H JR</b> <b>AWAYS AWAY</b> <b>E PALATKA, FL 32131</b> <input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<b>D</b> <b>WOLFENDEN, JOHN W MD</b> <b>700 ZEAGLER DR SUITE1</b> <b>PALATKA, FL 32177</b> <input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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