

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2008 8:00 am
Secretary of State

01-28-2008 90050 040 ***158.75

DOCUMENT # P05000053974

1. Entity Name

NEIGHBORHOOD BANK CORPORATION



Principal Place of Business

350 NORTH STATE ROAD 19
PALATKA, FL 32177

Mailing Address

350 NORTH STATE ROAD 19
PALATKA, FL 32177

40011685



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01232008

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

ROBERT B. SHACKLEY, JR
4650 SOUTH MOON TRAIL
PORT ORANGE, FL 32129

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, 2008 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 R.
STREET ADDRESS 4650 SOUTH MOON TRAIL
CITY-ST-ZIP PORT ORANGE, FL 32129

TITLE V *****ADDITION***** ☐ Change ☒ Addition
NAME HARRIS, D. CLAY
STREET ADDRESS 3371 HAWKTREE COURT
CITY-ST-ZIP GREEN COVE SPRINGS, FL

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 D ☐ Delete
NAME CLARK, RONALD E.
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

01/23/2008

386-328-5600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ATTACHMENT
40011685

NEIGHBORHOOD BANK CORPORATION
ATTACHMENT TO P05000053974 2008 ANNUAL REPORT

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