

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000053974

FILED  
Apr 03, 2009  
Secretary of State

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 ( )

## Name and Address of Current Registered Agent:

PEARLMAN, RICHARD  
2457 CARE DR  
TALLAHASSEE, FL 32308 US

## Name and Address of New Registered Agent:

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

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: ROBERT B. SHACKLEY, JR.

04/03/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

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

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

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

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

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

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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. MCCLAIN

PD

04/03/2009

Electronic Signature of Signing Officer or Director

Date