2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000053974

Entity Name: NEIGHBORHOOD BANK CORPORATION

FILED Jan 05, 2010 Secretary of State

| Current Principal Place of Business: New P | rincipal Place of Business: |
|--|-----------------------------|
|--|-----------------------------|

1350 STATE RD 19 N 350 STATE RD 19 N PALATKA, FL 32177 PALATKA, FL 32177

Current Mailing Address: New Mailing Address:

1350 STATE RD 19 N 350 STATE RD 19 N PALATKA, FL 32177 PALATKA, FL 32177

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SHACKLEY, ROBERT B JR.

4650 SOUTH MOON TRAIL

PORT ORANGE, FL 32129 US

MCCLAIN, L. WAYNE
350 S.R. 19 N
PALATKA, FL 32177 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: L. WAYNE MCCLAIN 01/05/2010

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD

Name: MCCLAIN, L. WAYNE
Address: 285 WEST RIVER RD
City-St-Zip: PALATKA, FL 32177 US

Title: \

Name: HARRIS, CLAY D Address: 3371 HAWKTREE COURT

City-St-Zip: GREEN COVE SPRINGS, FL 32043 US

Title: V

Name: PEACOCK, AMY
Address: 3734 CONSTANCIA DR

City-St-Zip: GREEN COVE SPRINGS, FL 32043 US

Title: \

Name: SHARPE, TAMARA
Address: 18 BURNING EMBER LN
City-St-Zip: PALM COAST, FL 32137 US

Title: \

 Name:
 HULL, DUANE A

 Address:
 20 RED MAPLE CIRCLE

 City-St-Zip:
 ORMOND BEACH, FL 32174 US

Title: D

Name: CLARK, RONALD E Address: 501 ST. JOHNS AVENUE City-St-Zip: PALATKA, FL 32177 US

I hereby 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 all other like empowered.

SIGNATURE: L. WAYNE MCCLAIN PD 01/05/2010