

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000089313

Entity Name: CNLBANK, FIRST COAST

FILED
Apr 11, 2007
Secretary of State

Current Principal Place of Business:

10739 DEERWOOD PARK BOULEVARD., SUITE 100
JACKSONVILLE, FL 32256

New Principal Place of Business:

10739 DEERWOOD PARK BOULEVARD.
SUITE 100
JACKSONVILLE, FL 32256

Current Mailing Address:

10739 DEERWOOD PARK BOULEVARD., SUITE 100
JACKSONVILLE, FL 32256

New Mailing Address:

10739 DEERWOOD PARK BOULEVARD
SUITE 100
JACKSONVILLE, FL 32256

FEI Number: 20-1448345

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

MILLER, JAMES A
361 SUMMERSET DRIVE
JACKSONVILLE, FL 32259 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: JAMES A MILLER

04/11/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ANDERSON, JOHN K JR
Address: 101 KINGFISHER DRIVE
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: D () Delete
Name: COLLINS, MICHAEL C
Address: 660 OSCEOLA AVE., #101
City-St-Zip: WINTER PARK, FL 32789

Title: D () Delete
Name: HANNA, LEE E
Address: 13570 MANDARIN ROAD
City-St-Zip: JACKSONVILLE, FL 32223

Title: D () Delete
Name: KENYON, MATTHEW
Address: 3020 LAKE SHORE BOULEVARD
City-St-Zip: JACKSONVILLE, FL 32210

Title: D () Delete
Name: MCKINNEY, DAVID F
Address: 3131 MIDDLESEX ROAD
City-St-Zip: ORLANDO, FL 32803

Title: D () Delete
Name: MILLER, JAMES A
Address: 361 SUMMERSET DRIVE
City-St-Zip: JACKSONVILLE, FL 32259

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 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: JAMES A MILLER

D

04/11/2007

Electronic Signature of Signing Officer or Director

Date