

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000085477

FILED  
Feb 03, 2009  
Secretary of State

Entity Name: AMERICAN MOMENTUM BANK

## Current Principal Place of Business:

4830 WEST KENNEDY BOULEVARD., SUITE 200  
TAMPA, FL 33609

## New Principal Place of Business:

4830 WEST KENNEDY BOULEVARD  
SUITE 200  
TAMPA, FL 33609

## Current Mailing Address:

4830 WEST KENNEDY BOULEVARD., SUITE 200  
TAMPA, FL 33609

## New Mailing Address:

4830 WEST KENNEDY BOULEVARD  
SUITE 200  
TAMPA, FL 33609

FEI Number: 16-1764661

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: ADAM, DONALD A  
Address: 14040 S.W. 20TH AVENUE ROAD  
City-St-Zip: Ocala, FL 34473

Title: D ( ) Delete  
Name: ADAMS, PHILLIP D  
Address: 3000 BRIARCREST DRIVE, SUITE 508  
City-St-Zip: BRYAN, TX 77802

Title: D ( ) Delete  
Name: ARNOLD, JR., LEE E  
Address: 17757 US 19 NORTH, SUITE 275  
City-St-Zip: CLEARWATER, FL 33764

Title: D ( ) Delete  
Name: BATCHELOR, DICK J  
Address: 201 SOUTH ORANGE AVENUE, SUITE 960  
City-St-Zip: ORLANDO, FL 32801

Title: D ( ) Delete  
Name: DAVIS, II, SAMUEL A  
Address: 6002 UMBER STREET  
City-St-Zip: ARVADA, CO 80403

Title: D ( ) Delete  
Name: GENSHAFT, JUDY L  
Address: 15603 CHESWICK COURT  
City-St-Zip: TAMPA, FL 33647

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: O (X) Change ( ) Addition  
Name: LOWMAN, RITA  
Address: 22610 MORNING GLORY CIRCLE  
City-St-Zip: BRADENTON, FL 34202

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: WILLIAM R. FALZONE

O

02/03/2009

Electronic Signature of Signing Officer or Director

Date