

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000034439

FILED
Feb 02, 2012
Secretary of State

Entity Name: GATEWAY BANK OF CENTRAL FLORIDA

Current Principal Place of Business:

1632 EAST SILVER SPRINGS BOULEVARD
OCALA, FL 34470

New Principal Place of Business:

Current Mailing Address:

1632 EAST SILVER SPRINGS BOULEVARD
OCALA, FL 34470

New Mailing Address:

FEI Number: 20-5228352 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

DHANPAT, JANKIE
1632 E SILVER SPRINGS BLVD
OCALA, FL 34470 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D
Name: MCBRIDE, RAYMOND E III
Address: 1553 SE FORT KING ST
City-St-Zip: Ocala, FL 34471

Title: D
Name: ANDREWS, RICHARD L
Address: 1741 CLATTERBRIDGE RD
City-St-Zip: Ocala, FL 34471

Title: D
Name: GILLILAND, DANNY
Address: 4100 NW 37TH PLACE
City-St-Zip: GAINESVILLE, FL 32606

Title: D
Name: MACKAY, KENNETH H III
Address: 2334 SE FORT KING STREET
City-St-Zip: Ocala, FL 34471

Title: D
Name: BRANSON, RUSSELL S
Address: 1607 SE 13TH STREET
City-St-Zip: Ocala, FL 34471

Title: D
Name: INGRAM, THOMAS D
Address: 1632 E SILVER SPRINGS BLVD
City-St-Zip: Ocala, FL 34470

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: JANKIE DHANPAT

_____ Electronic Signature of Signing Officer or Director

CFO

02/02/2012

_____ Date