

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000034909

FILED
Jan 13, 2012
Secretary of State

Entity Name: FLORIDA TRADITIONS BANK

Current Principal Place of Business:

14033 8TH STREET
DADE CITY, FL 33525 US

New Principal Place of Business:

Current Mailing Address:

14033 8TH STREET
DADE CITY, FL 33525 US

New Mailing Address:

FEI Number: 20-8689049 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

STALNAKER, JAMES S JR.
14033 8TH STREET
DADE CITY, FL 33525 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: ALTMAN, HOWARD A JR.
Address: 15702 JESSAMINE ROAD
City-St-Zip: DADE CITY, FL 33523 US

Title: D
Name: JOHNSON, LEONARD H
Address: 14552 MT. ZION ROAD
City-St-Zip: DADE CITY, FL 33523 US

Title: D
Name: MAGGARD, DALE E
Address: 3770 CLINTON AVENUE
City-St-Zip: DADE CITY, FL 33525 US

Title: D
Name: MATTOX, PAMELA L
Address: 15834 JESSAMINE ROAD
City-St-Zip: DADE CITY, FL 33523

Title: D
Name: NYE, WILLIAM F
Address: 5306 FOX HUNT DRIVE
City-St-Zip: WESLEY CHAPEL, FL 33542

Title: PRES
Name: STALNAKER, JAMES S JR.
Address: 12911 TRADITION DRIVE
City-St-Zip: DADE CITY, FL 33525

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: MIKE WARD

CFO

01/13/2012

Electronic Signature of Signing Officer or Director

Date