

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000104706

Entity Name: JEFFERSON BANK OF FLORIDA

FILED
Apr 28, 2009
Secretary of State

Current Principal Place of Business:

3711 TAMPA ROAD, SUITE 100
OLDSMAR, FL 34677

New Principal Place of Business:

3711 TAMPA ROAD, SUITE 103
OLDSMAR, FL 34677

Current Mailing Address:

3711 TAMPA ROAD, SUITE 100
OLDSMAR, FL 34677

New Mailing Address:

3711 TAMPA ROAD, SUITE 103
OLDSMAR, FL 34677

FEI Number: 30-0440889

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
200 E. GAINES ST
P.O. BOX 6200
TALLAHASSEE, FL 32399 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BLACKWELL, GARY L
Address: 5737 WESTSHORE DRIVE
City-St-Zip: NEW PORT RICHEY, FL 34656

Title: D () Delete
Name: COULTER, WAYNE R
Address: 6500 GREEN ACRES BLVD
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: D () Delete
Name: CUTLER, MELVIN S
Address: 3156 SANDY RIDGE DRIVE
City-St-Zip: CLEARWATER, FL 33761

Title: D () Delete
Name: JACOBS, STEPHEN H MD
Address: 2147 CAMDEN WAY
City-St-Zip: CLEARWATER, FL 33759

Title: CD () Delete
Name: MCGIVNEY, ROBERT B
Address: 125 SANCTUARY DR
City-St-Zip: CRYSTAL BEACH, FL 34681

Title: D (X) Delete
Name: OLIVERI, JOSEPH L
Address: 109 HARBOR DRIVE
City-St-Zip: PALM HARBOR, FL 34683

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: OLIVERI, JOSEPH L
Address: 109 HARBOR DRIVE
City-St-Zip: PALM HARBOR, FL 34683

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 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: MARGARET M. ORR

CFO

04/28/2009

Electronic Signature of Signing Officer or Director

Date