## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P08000029322

Entity Name: GATEWAY BANK OF SOUTHWEST FLORIDA

FILED Mar 30, 2009 Secretary of State

| Current Principal Place of Business:                   |  |                                  |   | New Principal Place of Business:             |  |                                      |  |
|--|--|----------------------------------|---|--|--|--------------------------------------|--|
|  | STREET., SU<br>A, FL 3423760                           |                                  |   |  |  |                                      |  |
| Current Mailing Address:                               |  |                                  |   | New Mailing Address:                         |  |                                      |  |
| 2033 MAIN STREET., SUITE 200<br>SARASOTA, FL 342376056 |  |                                  |   | P.O. BOX 1029<br>SARASOTA, FL 342301029      |  |                                      |  |
| FEI Number:  | 20-5769880   | FEI Number Applied For ( )       | FEI Nun                                   | nber Not Appli                               | icable ( )                                 | Certificate of Status Desired ( )    |  |
| Name and Address of Current Registered Agent:          |  |                                  | Name and Address of New Registered Agent: |  |  |                                      |  |
|  |  |                                  |   | 2033 MAIN                                    | CHARD A SVI<br>STREET., SI<br>A, FL 342376 | JITE 200                             |  |
| The above in the State                                 |  | ubmits this statement for the pu | irpose o                                  | f changing it                                | s registered o                             | office or registered agent, or both, |  |
| SIGNATURE: RICHARD A. HICKS                            |  |                                  |   | 03/30/2009                                   |  |                                      |  |
|  | Electroni  | c Signature of Registered Ager   | nt  |  |  | Date                                 |  |
| Election Cam   | paign Financing  | Trust Fund Contribution ( ).     |   |  |  |                                      |  |
| OFFICERS AND DIRECTORS:                                |  |                                  |   | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: |  |                                      |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:            | BARTLETT, CHA  | EST LAKE DRIVE                   |   | Title:<br>Name:<br>Address:<br>City-St-Zip:  | (  | ) Change ()Addition                  |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:            | D ()<br>BOCKHOLD, GA<br>4104 ROBERTS<br>SARASOTA, FL   | POINT ROAD                       |   | Title:<br>Name:<br>Address:<br>City-St-Zip:  | (  | ) Change ()Addition                  |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:            | D ()<br>FLEUCHAUS, PI<br>200 SOUTH BEA<br>ORMOND BEAC  | ACH STREET                       |   | Title:<br>Name:<br>Address:<br>City-St-Zip:  |  |                                      |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:            | D ()<br>GRAIN, DAVID J<br>607 MOURNING<br>SARASOTA, FL | DOVE DRIVE                       |   | Title:<br>Name:<br>Address:<br>City-St-Zip:  | (  | ) Change ( ) Addition                |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:            | D ()<br>MAHOLIAS, DAV<br>1 HUNTSMAN LO<br>ORMOND BEAC  | рок                              |   | Title:<br>Name:<br>Address:<br>City-St-Zip:  | (  | ) Change()Addition                   |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:            | MERRIMAN, SH   | NE POINT DRIVE                   |   | Title:<br>Name:<br>Address:<br>City-St-Zip:  | MERRIMAN, S                                | RINE POINT DRIVE                     |  |

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: RICHARD A. HICKS VPT 03/30/2009