

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000055363

FILED
Jun 25, 2009
Secretary of State

Entity Name: REUNION BANK OF FLORIDA

Current Principal Place of Business:

1892 EAST BURLEIGH BLVD
TAVARES, FL 327784308

New Principal Place of Business:

Current Mailing Address:

1892 EAST BURLEIGH BLVD
TAVARES, FL 327784308

New Mailing Address:

FEI Number: 26-3379658

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
200 EAST GAINES STREET
P O BOX 6200 (32314-6200)
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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BANGE, JAMES J JR
Address: 18 WILDERNESS RUN
City-St-Zip: FLAGLER BEACH, FL 32136

Title: D () Delete
Name: BEXLEY, WILLIAM G
Address: 5 BOULDER ROCK DR SUITE E
City-St-Zip: PALM COAST, FL 32137

Title: D () Delete
Name: DUNCAN, BRUCE G
Address: 23001 OAK PRAIRIE CIRCLE
City-St-Zip: SORRENTO, FL 32776

Title: D () Delete
Name: JOHNSON, JERRY S SR
Address: 685 GRAND VENETIAN BAY BLVD
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: D () Delete
Name: KRESGE, KENNETH R
Address: 1200 PLANTATION ISLAND DR SUITE 230
City-St-Zip: ST AUGUSTINE, FL 32080

Title: D () Delete
Name: LAMM, DAVID R
Address: 968 LAKE BALDWIN LANE
City-St-Zip: ORLANDO, FL 32814

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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:

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: RITA MCCORMICK

AVP

06/25/2009

Electronic Signature of Signing Officer or Director

Date