


DOCUMENT # P94000050448

1. Entity Name
FIRST COMMUNITY FINANCIAL CORPORATION



Principal Place of Business
11101 ROOSEVELT BLVD. N.
4TH FLOOR, LEGAL DEPT.
ST. PETERSBURG, FL 33716

Mailing Address
11101 ROOSEVELT BLVD. N.
4TH FLOOR, LEGAL DEPT.
ST. PETERSBURG, FL 33716

2. Principal Place of Business - No P.O. Box #

Suite, Apt. #, etc.

City & State

ZipCountry

3. Mailing Address

Suite, Apt. #, etc.

City & State

ZipCountry

6. Name and Address of Current Registered Agent
HAIRE, NANCY C
11101 ROOSEVELT BLVD. N.
4TH FLOOR, LEGAL DEPT.
ST. PETERSBURG, FL 33716

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
CityFLZip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE_____
Signature, typed or printed name of registered agent and title if applicable. (NOTE) Registered Agent signature required when reinstating.

DATE_____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PDC	<input type="checkbox"/> Delete
NAME	MENKE, ROBERT M	
STREET ADDRESS	360 CENTRAL AVE.	
CITY-ST-ZIP	ST. PETERSBURG, FL 33701	
TITLE	D	<input type="checkbox"/> Delete
NAME	MEEHAN, DAVID K	
STREET ADDRESS	360 CENTRAL AVE.	
CITY-ST-ZIP	ST. PETERSBURG, FL 33701	
TITLE	DT	<input type="checkbox"/> Delete
NAME	HUSSEMAN, EDWIN C	
STREET ADDRESS	360 CENTRAL AVE.	
CITY-ST-ZIP	ST. PETERSBURG, FL 33701	
TITLE	AS	<input type="checkbox"/> Delete
NAME	HAIRE, NANCY C	
STREET ADDRESS	360 CENTRAL AVE.	
CITY-ST-ZIP	ST. PETERSBURG, FL 33701	
TITLE	AS	<input type="checkbox"/> Delete
NAME	TRUDEL, STEPHANIE	
STREET ADDRESS	360 CENTRAL AVE	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33701	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	WHITE, JOHN T	
STREET ADDRESS	360 CENTRAL AVE	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33701	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	11101 Roosevelt Blvd. N.
CITY-ST-ZIP	St. Petersburg, Florida 33716
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	11101 Roosevelt Blvd. N.
CITY-ST-ZIP	St. Petersburg, Florida 33716
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	11101 Roosevelt Blvd. N.
CITY-ST-ZIP	St. Petersburg, Florida 33716
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NAME	
STREET ADDRESS	11101 Roosevelt Blvd. N.
CITY-ST-ZIP	St. Petersburg, Florida 33716
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	11101 Roosevelt Blvd. N.
CITY-ST-ZIP	St. Petersburg, Florida 33716
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	S
STREET ADDRESS	Hoffman, Gregory L.
CITY-ST-ZIP	11101 Roosevelt Blvd. N. St. Petersburg, Florida 33716

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Nancy C. Haire Nancy C. Haire, Asst. Secretary 2/8/2008 727-823-4000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DateDaytime Phone #