2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000042940

Entity Name: CNLBANK

FILED May 05, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 450 S ORANGE AVE. ORLANDO, FL 32801 US **Current Mailing Address: New Mailing Address:** PO BOX 4968 ORLANDO, FL 32802 US FEI Number: 59-3404322 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BHAVSAR, CHIRAG CFO 450 S ORANGE AVE US ORLANDO, FL 32801 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: CHIRAG BHAVSAR 05/05/2009 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: CFO () Delete Title: CFO (X) Change () Addition COLLINS, C. MICHAEL COLLINS, C. MICHAEL Name: Name: 660 OSCEOLA AVE #101 1007 TEMPLE GROVE Address: Address: City-St-Zip: WINTER PARK, FL 32789 City-St-Zip: WINTER PARK, FL 32789 Title: Title: () Delete () Change () Addition Name: HANNA, LEE Name: 13570 MANDARIN RD Address: Address: JACKSONVILLE, FL 32223 City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition RILEY, JOHN Name: Name: 4090 SCARLET IRIS PLACE Address: Address: City-St-Zip: WINTER PARK, FL 32792 City-St-Zip: Title: () Delete Title: (X) Change () Addition MCKINNEY, F. DAVID MOSSBURG, KELLEY Name: Name: Address: 3131 MIDDLESEX RD Address: 3861 SHADER RD City-St-Zip: ORLANDO, FL 32803 City-St-Zip: ORLANDO, FL 32808 Title: Title: (X) Change () Addition () Delete MOSSBURG, KELLEY Name: MARTINEZ, RAFAEL Name: 807 GOLF VIEW TERRACE Address: 108 E CENTRAL BLVD Address: City-St-Zip: WINTER PARK, FL 32789 City-St-Zip: ORLANDO, FL 32801 Title: () Delete Title: () Change () Addition SCHMIDT, TRACY Name: Name: 6055 LOUISE COVE DRIVE Address: Address: City-St-Zip: WINDERMERE, FL 34786 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: C. MICHAEL COLLINS CEO 05/05/2009