

DOCUMENT # P97000052491

1. Entity Name

FIRST FEDERAL FINANCIAL SERVICES CORPORATION

FILED
Jan 13, 2001 8:00 am
Secretary of State

01-13-2001 90060 027 ***150.00

Principal Place of Business

804 SOUTH OHIO AVENUE
LIVE OAK FL 32060

Mailing Address

POST OFFICE DRAWER O
LIVE OAK FL 32064



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3459411

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEIBFRIED, KEITH C
804 SOUTH OHIO AVENUE
LIVE OAK FL 32060

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip 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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CEO	<input type="checkbox"/> Delete
NAME	KEITH C LEIBFRIED	
STREET ADDRESS	326 WESTMORE LAND	
CITY-ST-ZIP	LIVE OAK FL 32060	
TITLE	PST	<input checked="" type="checkbox"/> Delete
NAME	PHILIP J MOSES JR	
STREET ADDRESS	1006 EVERGREEN	
CITY-ST-ZIP	LAKE CITY FL 32025	
TITLE	D	<input type="checkbox"/> Delete
NAME	STEPHEN SMITH	
STREET ADDRESS	102 HARRISON LAKE DR	
CITY-ST-ZIP	LAKE CITY FL 32055	
TITLE	D	<input type="checkbox"/> Delete
NAME	JOHN H MCCORMICK	
STREET ADDRESS	COR 2ND & 3RD AVE NW	
CITY-ST-ZIP	JASPER FL 32052	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROBERT F MCGRANAHAM	
STREET ADDRESS	10709 184TH ST	
CITY-ST-ZIP	MCALPIN FL 32062	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PSTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEITH C. LEIBFRIED	
STREET ADDRESS	326 WESTMORELAND	
CITY-ST-ZIP	LIVE OAK, FL 32060	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Keith C. Leibfried, PST/Director

1/9/01

Date

(904) 362-3433

Daytime Phone #

CR2E034 (10/00)