

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 07, 2005 8:00 am
Secretary of State

02-07-2005 90064 007 ***150.00

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1. Entity Name

INDEPENDENT COMMUNITY BANK



Principal Place of Business

250 TEQUESTA DR.
STE 101
TEQUESTA FL 33469

Mailing Address

250 TEQUESTA DR.
STE 101
TEQUESTA FL 33469

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0771814

Applied For

Not Applicable

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

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. 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, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME BOYKIN, LYKES M
STREET ADDRESS 212 CORAL CAY TERR.
CITY-ST-ZIP PALM BEACH GARDENS FL 33418

TITLE D ☐ Delete
NAME BRICE, HERMAN W SR
STREET ADDRESS 138 OLYMPUS WAY
CITY-ST-ZIP JUPITER FL 33427

TITLE D/P ☐ Delete
NAME LEATHERS, TIMOTHY L
STREET ADDRESS 7654 SE MUIR WOODS LANE
CITY-ST-ZIP HOBE SOUND FL 33455

TITLE D ☐ Delete
NAME HENDERSON, D. RAY
STREET ADDRESS 17885 SE FEDERAL HIGHWAY
CITY-ST-ZIP JUPITER FL

TITLE D/C ☐ Delete
NAME LIPIN, THOMAS
STREET ADDRESS 18169 SE RIDGEVIEW DR.
CITY-ST-ZIP TEQUESTA FL 33469

TITLE D/VC ☐ Delete
NAME ZUCCARELLI, JOHN
STREET ADDRESS 104 LIGHTHOUSE DRIVE
CITY-ST-ZIP JUPITER INLET COLONY FL 33469

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME 5343 SE Acadia Terr.
STREET ADDRESS Hobe Sound - FL
CITY-ST-ZIP 33455

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Tim L. Leathers 1/25/05 561-746-1190