


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 23, 2004 08:00 AM
Secretary of State**

DOCUMENT # P98000066971 1. Entity Name SOUTHERN COMMUNITY BANK OF CENTRAL FLORIDA	
---	---

Principal Place of Business 250 N ORANGE AVE ORLANDO, FL	Mailing Address 250 N ORANGE AVE ORLANDO, FL
--	--



04192004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3492706	Applied For Not Applicable
------------------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fees Required
---	--

6. Name and Address of Current Registered Agent

**DO NOT WRITE
IN THIS SPACE**

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, 2004 Fee will be \$550.00**

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

UN00000125922
04/23/04-80013-010 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARMSTRONG, PATRICK J 513 SPRING CLUB DR ALTAMONTE SPRINGS, FL 32714
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUNN, RICHARD M 550 MANOR RD MAITLAND, FL 32751
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HURT, JENNINGS L III 1655 BARCELONA WAY WINTER PARK, FL 32789
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PASCARELLA, EUGENE M 1887 WINGFIELD DR LONGWOOD, FL 32779
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SQUIRES, JOHN G 250 N ORANGE AVE ORLANDO, FL 32801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RITENOUR, JOHN K 475 LONGMEADOW LANE LONGWOOD, FL 32779

**DO NOT WRITE
IN THIS SPACE**

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: Stephen R. Jarck 4/19/04 407-648-1844
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone