FILED

DOCUMENT # P98000077102 1. Entity Name PEOPLES COMMUNITY BANCSHARES, INC.				Jan 16, 2002 8:00 am Secretary of State 01-16-2002 90062 035 ***150.00		
25 SOUTH LINKS AVE PO BOX 11		Mailing Address PO BOX 1779 SARASOTA FL 34230		1 HEBITER HA SAIR HEN BENT BENT BENT	BASIN BENNI NGEN KEDAN KIRIN BI	ajie 1131 1881
2. Principal Place of Business 25 South Links Ave. Suite, Apt. #, etc. 3. Mailing Address P.O. Box Suite, Apt. #, etc.			79 DO NOT WRITE IN THIS SPACE			
City & State Sarasota, Florida		City & State 4 Sarasota, Florida		4. FEI Number 65-0883406		plied For t Applicable
^{Zip} 34236	Country	34230	Country	5. Certificate of Status Desired	S8.75 Addi	
	6. Name and Address of Current Re	egistered Agent	Name	7. Name and Address of New Re	gistered Agent	
1501 PAR				(P.O. Box Number is Not Acceptable)		
TALLAHASSEE FL 32301			City		FL Zip Code	,
8. The above	named entity submits this statement for t	the purpose of changing its re	egistered office or registe	ered agent, or both, in the State of Flori	da.	
SIGNATURE.	Signature, typed or printed name of registered agent and	d title if applicable. (NOTE: F	Registered Agent signature requir	ed when reinstating)	DATE	
Tax filing r	oration is eligible to satisfy its Intangible equirement and elects to do so. ia on back)	,	FEE IS \$150.00 Fee will be \$550.00 to Department of St	10. Election Campaign Final Trust Fund Contribution	· , +	May Be to Fees
11.	OFFICERS AND D		12.	ADDITIONS/CHANGES TO OFFIC		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCURRY, NEIL D JR 1651 FLOYD ST. SARASOTA FL 34239	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition ASELVA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LIEBAL, STEVE E 7158 CAPTAIN KIDD SARASOTA FL 34233	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition C
NAME STREET ADDRESS CITY-ST-ZIP	D SOPER, CRAIG A 4431 GALWAY DR. SARASOTA FL 34234	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>.</u>	☐ Change	Addition
	D BEAUCHAMP, BRIAN W 3717 71ST TERR. SARASOTA FL 34243	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEAUCHAMP, WILLIAM J JR 7368 PALOMINO TERR. SARASOTA FL 34241	☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change	Addition
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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #						