

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000013384

1. Entity Name  
CORNERSTONE COMMUNITY BANK



Principal Place of Business  
6300 4TH STREET NORTH  
SAINT PETERSBURG, FL 33702

Mailing Address  
P.O BOX 55699  
ST PETERSBURG, FL 33732-5699

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02112008

Chg-P

CR2E034 (12/06)

4. FEI Number

59-3531566

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

Williamson, Diamond & Caton  
9075 Seminole Blvd  
Seminole, FL 33772

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 resigning)

(DATE)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete  
NAME WILLIAMSON, DOUGLAS M  
STREET ADDRESS 6300 4TH STREET NORTH  
CITY-ST-ZIP ST PETERSBURG, FL 33702

TITLE D/C/CEO/P ☐ Change ☒ Addition  
NAME Carr, Robert L.  
STREET ADDRESS 6300 4th Street North  
CITY-ST-ZIP St. Petersburg, FL 33702

TITLE D ☐ Delete  
NAME SULLIVAN, MARIE POWELL  
STREET ADDRESS 6300 4TH STREET NORTH  
CITY-ST-ZIP ST PETERSBURG, FL 33702

TITLE D ☐ Change ☒ Addition  
NAME Amley, Edward A.  
STREET ADDRESS 6300 4th Street North  
CITY-ST-ZIP St. Petersburg, FL 33702

TITLE D ☐ Delete  
NAME SMITH, RAYMOND  
STREET ADDRESS 6300 4TH STREET NORTH  
CITY-ST-ZIP ST PETERSBURG, FL 33702

TITLE D ☐ Change ☒ Addition  
NAME Amley, Robert B.  
STREET ADDRESS 6300 4th Street North  
CITY-ST-ZIP St. Petersburg, FL 33702

TITLE D ☐ Delete  
NAME HERETICK, KENNETH  
STREET ADDRESS 6300 4TH STREET NORTH  
CITY-ST-ZIP SAINT PETERSBURG, FL 33702

TITLE D ☐ Change ☒ Addition  
NAME Fulmer, Victoria M.  
STREET ADDRESS 6300 4th Street North  
CITY-ST-ZIP St. Petersburg, FL 33702

TITLE V ☐ Delete  
NAME RAY, DAVID B  
STREET ADDRESS 6300 4TH STREET NORTH  
CITY-ST-ZIP ST PETERSBURG, FL 33702

TITLE D ☐ Change ☒ Addition  
NAME Kucera, Dean  
STREET ADDRESS 6300 4th Street North  
CITY-ST-ZIP St. Petersburg, FL 33702

TITLE VS ☐ Delete  
NAME PATTERSON, KAREN L  
STREET ADDRESS 6300 4TH STREET NORTH  
CITY-ST-ZIP SAINT PETERSBURG, FL 33702

TITLE D ☐ Change ☒ Addition  
NAME Skipper, Paul J.  
STREET ADDRESS 6300 4th Street North  
CITY-ST-ZIP St. Petersburg, FL 33702

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Karen L. Patterson KAREN L. PATTERSON 2/8/08 727-526-5678  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED  
2/ Apr 09, 2008 8:00 am  
Secretary of State

02-19-2008 90015 004 \*\*\*150.00

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