2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000028638

Entity Name: THE JACKSONVILLE BANK

FILED Apr 27, 2009 Secretary of State

100 NORTH LAURA ST, STE 1000 JACKSONVILLE, FL 32202

Current Mailing Address: New Mailing Address:

100 NORTH LAURA ST, STE 1000 JACKSONVILLE, FL 32202

FEI Number: 59-3571314 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Election Campaign Financing Trust Fund Contribution ().

JACKSONVILLE, FL 32210

OFFICERS AND DIRECTORS:

City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

JACKSONVILLE, FL 32210 US

Title: () Delete Title: (X) Change () Addition CARTER, DENNIS M ROLLER, DONALD E Name: Name: 2709 S OCEAN DRIVE 1421 PONTE VEDRA BOULEVARD Address: Address: City-St-Zip: JACKSONVILLE BEACH, FL 32250 City-St-Zip:

PONTE VEDRA BEACH, FL 32082 US Title: (X) Change () Addition Title: () Delete

GOTTLIEB, MELVIN SCHWENCK, PRICE W Name: Name: 3028 FOREST CIR 342 ROAYL TERN ROAD SOUTH Address: Address: JACKSONVILLE, FL 322575620 PONTE VEDRA BEACH, FL 32082 US City-St-Zip: City-St-Zip:

Title: (X) Change () Addition Title: () Delete HALL, SCOTT Name: KENDALL, VALERIE A Name:

809 CHERRY GROVE ROAD 100 N. LAURA STREET, SUITE 1000 Address: Address:

City-St-Zip: ORANGE PARK, FL 32073 City-St-Zip: JACKSONVILLE, FL 32202 US

Title: () Delete Title: (X) Change () Addition MILLS, R C MILLS, R C Name: Name:

105 MIDDLETON PLACE Address: Address: 105 MIDDLETON PLACE

City-St-Zip: City-St-Zip: PONTE VEDRA BEACH, FL 32082 PONTE VEDRA BEACH, FL 32082 US

Title: Title: () Delete (X) Change () Addition ROSE, JOHN W ROSE, JOHN W Name: Name:

Address: 511 ANDERWOOD DR Address: 511 ANDERWOOD DR City-St-Zip: HERMITAGE, PA 16148 City-St-Zip: HERMITAGE, PA 16148 US

Title: () Delete Title: (X) Change () Addition Name: SCHULTZ, JOHN R SCHULTZ, JOHN R Name: 4135 WATER OAK STREET 4135 WATER OAK LANE Address: Address:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: VALERIE A. KENDALL ٧ 04/27/2009