04-02-2004 90021 011 ***150.00

FILED P99000038160

04 APR -7 AM 10:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

54025290

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000038160

1. Entity Name
RIVERSIDE CENTRAL FLORIDA BANKING COMPANY

| Principal Place of Business | Mailing Address |
|---|---|
| 401 SOUTH SEMORAN BOULEVARD<br>ORLANDO, FL 32792 | P.O. BOX 1227<br>FT. PIERCE, FL 34954-1227 |

03262004 Chg-P CR2E034 (10/03)

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 401 S SEMORAN BLVD | |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: WINTER PARK, FL | City & State |
| Zip: 32792 Country: USA | Zip Country |

4. FEI Number: 65-0842870 ☐ 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 |
|---|---|
| SMITH, VERNON D<br>401 SOUTH SEMORAN BOULVARD<br>ORLANDO, FL 32792 | Name: SMITH, VERNON D<br>Street Address (P.O. Box Number is Not Acceptable): 401 S SEMORAN BOULEVARD<br>City: WINTER PARK FL Zip Code: 32792 |

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>SMITH, VERNON D<br>3150 NORTH A-1-A, 501-N<br>FORT PIERCE, FL 34949 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>CHALIFOUX, WAYNE D<br>870 CYNTHIANNA CIRCLE<br>ALTAMONTE SPRINGS, FL 32701 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>KOVALESKI, CHARLES J<br>4120 GABRIELLA LANE<br>WINTER PARK, FL 32792 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>MCCORMICK, NAN B<br>1310 CHICHESTER STREET<br>ORLANDO, FL 34803 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>RUSSAKIS, JIM G<br>8801 INDRIO ROAD<br>FT. PIERCE, FL 34951 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>STARKEY, KARLA H<br>823 NICOMA TRAIL<br>MAITLAND, FL 32751 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |

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 #