2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2008
Secretary of State

DOCUMENT# P99000038160

Entity Name: RIVERSIDE CENTRAL FLORIDA BANKING COMPANY

Current Principal Place of Business:

401 S. SEMORAN BLVD
WINTER PARK, FL 32792

New Principal Place of Business:

Current Mailing Address:

401 S. SEMORAN BLVD
WINTER PARK, FL 32792

New Mailing Address:

FEI Number: 65-0842870 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HICKS, RICHARD A SVP/CFO
401 S. SEMORAN BLVD
WINTER PARK, FL 32792 US

Name and Address of New Registered Agent:

RIVERSIDE BANK OF CENTRAL FLORIDA
401 S. SEMORAN BLVD
WINTER PARK, FL 32792 US

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.

SIGNATURE: NICOLE HULBERT 04/22/2008
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: SMITH, VERNON D
Address: 3150 NORTH A-1-A, 501-N
City-St-Zip: FORT PIERCE, FL 34949

Title: D ( ) Delete
Name: CHALIFOUX, WAYNE D
Address: 870 CYNTHIANNA CIRCLE
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: D ( ) Delete
Name: KOVALESKI, CHARLES J
Address: 4120 GABRIELLA LANE
City-St-Zip: WINTER PARK, FL 32792

Title: D ( ) Delete
Name: MCCORMICK, NAN B
Address: 1310 CHICHESTER STREET
City-St-Zip: ORLANDO, FL 34803

Title: D ( ) Delete
Name: RUSSAKIS, JIM G
Address: 8801 INDRIO ROAD
City-St-Zip: FT. PIERCE, FL 34951

Title: D ( ) Delete
Name: STARKEY, KARLA H
Address: 823 NICOMA TRAIL
City-St-Zip: MAITLAND, FL 32751

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: NICOLE HULBERT HR 04/22/2008
Electronic Signature of Signing Officer or Director Date