

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000038160

FILED  
Apr 27, 2009  
Secretary of State

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:

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

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D (X) 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 CYNTHIANA 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 (X) 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

O

04/27/2009

Electronic Signature of Signing Officer or Director

Date