

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 15, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P99000084114**

1. Entity Name  
**COMMUNITY BANK OF THE SOUTH**



Principal Place of Business  
**277 NORTH SYKES CREEK PARKWAY  
MERRITT ISLAND, FL 32953**

Mailing Address  
**277 NORTH SYKES CREEK PARKWAY  
MERRITT ISLAND, FL 32953**



01302008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3611444**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**DO NOT WRITE  
IN THIS SPACE**

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 reinstating) 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**

U000000829269  
02/25/08-80034-003 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BISTLINE, HAROLD
STREET ADDRESS	167 MARTESIA WAY
CITY-ST-ZIP	INDIAN HARBOUR BEACH, FL 32937
TITLE	D
NAME	BUFFKIN, CHRISTINA
STREET ADDRESS	355 EAST HALL ROAD
CITY-ST-ZIP	MERRITT ISLAND, FL 32953
TITLE	D
NAME	GAY, FRED
STREET ADDRESS	1390 WALTON HEATH COURT
CITY-ST-ZIP	ROCKLEDGE, FL 32955
TITLE	D
NAME	GOLOVAC, STANLEY
STREET ADDRESS	4770 HONEYRIDGE LANE
CITY-ST-ZIP	MERRITT ISLAND, FL 32953
TITLE	D
NAME	JOHNSON, CHARLES W
STREET ADDRESS	110 RIVER WOODS DRIVE
CITY-ST-ZIP	ROCKLEDGE, FL 32955
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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: *P. B. Fulmer, Jr.* C.F.O. P. B. FULMER, JR. 2/1/08 321-452-0420  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #