

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S05633

FILED
Apr 13, 2009
Secretary of State

Entity Name: FIRST CITY BANK OF FLORIDA

Current Principal Place of Business:

135 PERRY AVENUE, SE
FT. WALTON BEACH, FL 32548 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2977
FT. WALTON BEACH, FL 32549 US

New Mailing Address:

FEI Number: 59-0612190 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRIMSLEY, JAMES W ESQUIRE
909 MAR WALT DRIVE
1014
FT. WALTON BEACH, FL 32547 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 () Delete
Name: ABERNETHY, JAMES T
Address: 547 POCAHONTAS
City-St-Zip: FT. WALTON BEACH, FL 32548 US

Title: DC () Delete
Name: MCGEE, JOHN C
Address: 135 PERRY AVE
City-St-Zip: FT. WALTON BEACH, FL 32548 US

Title: D () Delete
Name: LANGSTON, JAMES H
Address: 520 ELLIOT RD.
City-St-Zip: FORT WALTON BEACH, FL 32548 US

Title: DP () Delete
Name: BENNETT, ROBERT E
Address: 135 PERRY AVENUE, SE
City-St-Zip: FORT WALTON BEACH, FL 32548 US

Title: D () Delete
Name: REEDER, LARRY E
Address: 10-A LUCILLE ST
City-St-Zip: FORT WALTON BEACH, FL 32548 US

Title: D () Delete
Name: PRYOR, FREDERICK L.
Address: 621 W MIRACLE STRIP PKWY
City-St-Zip: MARY ESTHER, FL 32569 US

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
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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: GREG ALDRIDGE

SVP

04/13/2009

Electronic Signature of Signing Officer or Director

_____ Date