#### 2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G19959

Entity Name: SEACOAST BANKING CORPORATION OF FLORIDA

FILED Apr 19, 2024 Secretary of State 0506452204CC

# **Current Principal Place of Business:**

815 COLORADO AVENUE STUART, FL 34995-9012

## **Current Mailing Address:**

815 COLORADO AVENUE P.O. BOX 9012 STUART. FL 34995-9012

FEI Number: 59-2260678 Certificate of Status Desired: No

#### Name and Address of Current Registered Agent:

SHAFFER, CHARLES M 815 COLORADO AVE. STUART, FL 34994 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: CHARLES M. SHAFFER 04/19/2024

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title DIRECTOR Title DIRECTOR

Name HUDSON, DENNIS S. III Name CULBRETH, H. GILBERT JR.

Address 815 COLORADO AVENUE Address 815 COLORADO AVENUE

P.O. BOX 9012 P.O. BOX 9012

City-State-Zip: STUART FL 34995-9012 City-State-Zip: STUART FL 34995-9012

Title DIRECTOR Title DIRECTOR

Name FOGAL, CHRISTOPHER E. Name ROSSIN, THOMAS E.

Address 815 COLORADO AVENUE Address 815 COLORADO AVENUE

P.O. BOX 9012 P.O. BOX 9012

City-State-Zip: STUART FL 34995-9012 City-State-Zip: STUART FL 34995-9012

Title CHAIRMAN & CEO Title EVP, CRO

Name SHAFFER, CHARLES M Name FORLENZA, JOSEPH

Address 815 COLORADO AVENUE Address 815 COLORADO AVENUE

P.O. BOX 9012 P.O. BOX 9012

City-State-Zip: STUART FL 34995-9012 City-State-Zip: STUART FL 34995-9012

Title EVP, HUMAN RESOURCES Title DIRECTOR

Name CHAPPELL, DANIEL Name ARCZYNSKI, DENNIS

Address 815 COLORADO AVENUE Address 815 COLORADO AVENUE

P.O. BOX 9012 P.O. BOX 9012

City-State-Zip: STUART FL 34995-9012 City-State-Zip: STUART FL 34995-9012

## Continues on page 2

I hereby 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 all other like empowered.

SIGNATURE: TRACEY L. DEXTER CFO 04/19/2024

Electronic Signature of Signing Officer/Director Detail

Date

#### Officer/Director Detail Continued:

Title DIRECTOR

Name BRADLEY, JACQUELINE L

Address 815 COLORADO AVENUE

P.O. BOX 9012

City-State-Zip: STUART FL 34995-9012

Title DIRECTOR

Name GOEBEL, MARYANN

Address 815 COLORADO AVENUE

P.O. BOX 9012

City-State-Zip: STUART FL 34995-9012

Title DIRECTOR

Name MONSERRAT, ALVARO

Address 815 COLORADO AVENUE

P.O. BOX 9012

City-State-Zip: STUART FL 34995-9012

Title EVP, COO

Name KLEFFEL, JULIETTE P

Address 815 COLORADO AVENUE

P.O. BOX 9012

City-State-Zip: STUART FL 34995-9012

Title DIRECTOR

Name SHEAROUSE, JOSEPH B III

Address 815 COLORADO AVENUE

P.O. BOX 9012

City-State-Zip: STUART FL 34995-9012

Title DIRECTOR

Name LIPSTEIN, ROBERT

Address 815 COLORADO AVENUE

P.O. BOX 9012

City-State-Zip: STUART FL 34995-9012

Title EVP, CFO

Name DEXTER, TRACEY L

Address 815 COLORADO AVENUE

P.O. BOX 9012

City-State-Zip: STUART FL 34995-9012