

**2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# G19959

**FILED**  
**Feb 17, 2022**  
**Secretary of State**  
**3612132353CC**

**Entity Name:** SEACOAST BANKING CORPORATION OF FLORIDA

**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

02/17/2022

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name HUDSON, DENNIS S. III  
Address 815 COLORADO AVENUE  
P.O. BOX 9012  
City-State-Zip: STUART FL 34995-9012

Title DIRECTOR  
Name CULBRETH, H. GILBERT JR.  
Address 815 COLORADO AVENUE  
P.O. BOX 9012  
City-State-Zip: STUART FL 34995-9012

Title DIRECTOR  
Name FOGAL, CHRISTOPHER E.  
Address 815 COLORADO AVENUE  
P.O. BOX 9012  
City-State-Zip: STUART FL 34995-9012

Title DIRECTOR  
Name ROSSIN, THOMAS E.  
Address 815 COLORADO AVENUE  
P.O. BOX 9012  
City-State-Zip: STUART FL 34995-9012

Title CHAIRMAN & CEO  
Name SHAFFER, CHARLES M  
Address 815 COLORADO AVENUE  
P.O. BOX 9012  
City-State-Zip: STUART FL 34995-9012

Title EVP, CRO  
Name FORLENZA, JOSEPH  
Address 815 COLORADO AVENUE  
P.O. BOX 9012  
City-State-Zip: STUART FL 34995-9012

Title EVP, HUMAN RESOURCES  
Name CHAPPELL, DANIEL  
Address 815 COLORADO AVENUE  
P.O. BOX 9012  
City-State-Zip: STUART FL 34995-9012

Title DIRECTOR  
Name ARCZYNSKI, DENNIS  
Address 815 COLORADO AVENUE  
P.O. BOX 9012  
City-State-Zip: STUART FL 34995-9012

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*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 DEXTER

CFO

02/17/2022

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 DIRECTOR  
Name DAUM, JULIE H  
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 CFO  
Name DEXTER, TRACEY  
Address 815 COLORADO AVENUE  
P.O. BOX 9012  
City-State-Zip: STUART FL 34995-9012