

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000086186

Entity Name: MAINSTREET COMMUNITY BANK OF FLORIDA**Current Principal Place of Business:**204 S. WOODLAND BLVD.
DELAND, FL 32720**Current Mailing Address:**204 S. WOODLAND BLVD.
DELAND, FL 32720**FEI Number:** 20-0235207**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**NOT REQUIRED
N/A
N/A, FL 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	D
Name	FORD, F.A. (ALEX) JR.
Address	2024 MERCERS FERNERY RD
City-State-Zip:	DELAND FL 32720

Title	D
Name	BAUMGARTNER, ROGER B
Address	2300 PIN OAK DR
City-State-Zip:	DELAND FL 32720

Title	D
Name	DEMARSH, W. FRANK
Address	2209 OAK HILL DR
City-State-Zip:	DELAND FL 32720

Title	D
Name	MONK, DAVID
Address	1700 WHIPPORWILL LANE
City-State-Zip:	DELAND FL 32720

Title	D
Name	FLOWERS, W. BEN JR
Address	1800 MERCERS HAMMOCK CT
City-State-Zip:	DELAND FL 32720

Title	D
Name	FORD, JAMES H
Address	898 PINE TREE CT
City-State-Zip:	DELAND FL 32724

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: W. BEN FLOWERS, JR.

EVP, CFO, COO

03/19/2015

Electronic Signature of Signing Officer/Director Detail_____
Date