

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000022869

Entity Name: FREEDOM BANK OF AMERICA**Current Principal Place of Business:**1200 4TH ST N
ST PETERSBURG, FL 33701**Current Mailing Address:**1200 4TH ST N
ST PETERSBURG, FL 33701**FEI Number:** 20-1549472**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WILLIAMS, G. ANDREW
1200 4TH ST N
ST PETERSBURG, FL 33701 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 CEO
Name SWANSON, CATHY
Address 1200 4TH ST N
City-State-Zip: ST PETERSBURG FL 33701

Title DIRECTOR
Name BICKLEY, FREDERICK L.
Address 1200 4TH STREET NORTH
City-State-Zip: ST PETERSBURG FL 33701

Title CFO, SECRETARY
Name MENTZER, VIRGINIA M.
Address 1200 4TH STREET NORTH
City-State-Zip: ST. PETERSBURG FL 33701

Title DIRECTOR
Name MONTGOMERY, JR., JAMES A.
Address 1200 4TH STREET NORTH
City-State-Zip: ST. PETERSBURG FL 33701

Title DIRECTOR
Name RUPPEL, DENNIS G.
Address 1200 4TH STREET NORTH
City-State-Zip: ST PETERSBURG FL 33701

Title DIRECTOR, CHAIRMAN
Name SAVAGE, NEIL
Address 1200 4TH ST N
City-State-Zip: ST PETERSBURG FL 33701

Title DIRECTOR
Name ANDERSON, STEPHENSON
Address 1200 4TH ST N
City-State-Zip: ST PETERSBURG FL 33701

Title DIRECTOR
Name DAVIS, KERN DR.
Address 1200 4TH ST N
City-State-Zip: ST PETERSBURG FL 33701

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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: CATHY P. SWANSON

CEO

01/20/2015

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name WILKES, RICHARD D. DR.
Address 1200 4TH ST N
City-State-Zip: ST PETERSBURG FL 33701

Title COO, PRESIDENT
Name BLACKBURN, SUSAN
Address 1200 4TH ST N
City-State-Zip: ST PETERSBURG FL 33701

Title DIRECTOR
Name MOENCH, CHRISTOPHER S
Address 1200 4TH ST N
City-State-Zip: ST PETERSBURG FL 33701