


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Jan 29 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P95000041723 (4)			
1. Corporation Name COMMUNITY BANK OF MANATEE			
Principal Place of Business 6000 SR 70 EAST BRADENTON FL 34203		Mailing Address 6000 SR 70 EAST BRADENTON FL 34203-9739	
2. Principal Place of Business 21		2a. Mailing Address 26	
Suite Apt. # etc. 22		Suite, Apt. #, etc. 27	
City & State 23		City & State 28	
Zip 24	Country 25	Zip 29	Country 30
3. Date Incorporated or Qualified 05/26/1995		3a. Date of Last Report 06/19/1996	
4. FEI Number 59-3324560		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent COOK, MARTHA J., P.A. 100 S. ASHLEY DR. SUITE 1311 TAMPA FL 33602		10. Name and Address of New Registered Agent	
		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City FL 85 Zip Code	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.			
SIGNATURE: _____ Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS			
TITLE	D <input type="checkbox"/> DELETE	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	BAKER, DENISE L M.D.	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	1000 RIDERSIDE DR.	1.2 NAME	
CITY-ST-ZIP	PALMETTO FL 34241	1.3 STREET ADDRESS	
TITLE	D <input type="checkbox"/> DELETE	1.4 CITY-ST-ZIP	
NAME	BROWN, CHARLES M	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	3703 RIVERVIEW BLVD. WEST	2.2 NAME	
CITY-ST-ZIP	BRADENTON FL 34205	2.3 STREET ADDRESS	
TITLE	D <input type="checkbox"/> DELETE	2.4 CITY-ST-ZIP	
NAME	BURGHARDT, BRIAN D	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	4802 64TH DRIVE WEST	3.2 NAME	
CITY-ST-ZIP	BRADENTON FL 34210	3.3 STREET ADDRESS	
TITLE	D <input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP	
NAME	BURGHARDT, PHILLIP L	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	4712 64TH DRIVE WEST	4.2 NAME	
CITY-ST-ZIP	BRADENTON FL 34210	4.3 STREET ADDRESS	
TITLE	D <input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP	
NAME	DOWNS, THOMAS S	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	2015 79TH ST. N.W.	5.2 NAME	
CITY-ST-ZIP	BRADENTON FL 34209	5.3 STREET ADDRESS	
TITLE	D <input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP	
NAME	HOWZE, THOMAS A	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	1620 99TH ST. N.W.	6.2 NAME	
CITY-ST-ZIP	BRADENTON FL 34209	6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	
14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.			
SIGNATURE: <u>W. Lee</u> <u>President</u> <u>1/22/97</u> <u>(941) 756-0099</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			

CR2E034 (9/96)

Attachment:

BLOCK 12 continued:

D
DUANE MOORE
11313 UPPER MANATEE RIVER ROAD
BRADENTON, FL 34207

D
KENNETH L. SCHERMER, M.D.
P.O. BOX 14209
BRADENTON, FL 34208

D
THOMAS R. SPRENGER, M.D.
2101 61ST STREET WEST
BRADENTON, FL 34209

D
WILLIAM H. SEDGEMAN, JR
3404 SHADOWOOD DRIVE
VALRICO, FL 33594