

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 193115

FILED
Apr 28, 2009
Secretary of State

Entity Name: COMMUNITY STATE BANK

Current Principal Place of Business:

811 SOUTH WALNUT STREET
P. O. BOX 460
STARKE, FL 32091

New Principal Place of Business:

Current Mailing Address:

811 SOUTH WALNUT STREET
P. O. BOX 460
STARKE, FL 32091

New Mailing Address:

FEI Number: 59-0795359 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOHNS, PHILLIP
811 S. WALNUT STREET, P.O. DRAWER 460
STARKE, FL 32091 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: V () Delete
Name: RICHARDSON, EUGENE
Address: 12086 MUDLAKE RD
City-St-Zip: GLEN ST. MARY, FL

Title: DCCO () Delete
Name: JOHNS, JEROME
Address: 811 S. WALNUT ST., P.O. DRAWER 460
City-St-Zip: STARKE, FL

Title: V () Delete
Name: BENNETT, SHARON
Address: 22401 NW CR 235
City-St-Zip: LAKE BUTLER, FL

Title: C () Delete
Name: REDDISH, CAROLYN
Address: 19967 NW 71ST
City-St-Zip: STARKE, FL

Title: EVP () Delete
Name: HOWARD, W S
Address: 9763 SW 69TH WAY
City-St-Zip: LAKE BUTLER, FL

Title: P () Delete
Name: JOHNS, PHILLIP
Address: P.O. DRAWER 460
City-St-Zip: STARKE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: PHILLIP JOHNS

PRES

04/28/2009

Electronic Signature of Signing Officer or Director

_____ Date