

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


FILED
Mar 13, 2003 8:00 am
Secretary of State

03-13-2003 90095 030 ***150.00

AV 032003

DOCUMENT # 193115

1. Entity Name
COMMUNITY STATE BANK



Principal Place of Business
**811 SOUTH WALNUT STREET
P. O. BOX 460
STARKE FL 32091**

Mailing Address
**811 SOUTH WALNUT STREET
P. O. BOX 460
STARKE FL 32091**



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip

CHECK HERE IF MAKING CHANGES

4. FEI Number
59-0795359

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**JOHNS, JEROME
811 S. WALNUT STREET, P.O. DRAWER 460
STARKE FL 32091**

Jerome Johns

7. Name and Address of New Registered Agent

Name **Phillip Johns**

Street Address (P.O. Box Number is Not Acceptable) **811 S Walnut St PO Box 460**

City **Starke** State **FL** Zip Code **32091**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Phillip Johns* (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	AV RICHARDSON, EUGENE RT. 1, BOX 184 GLEN ST. MARY FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DRG JOHNS, JEROME 811 S. WALNUT ST., P.O. DRAWER 460 STARKE, FL 00000	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BENNETT, SHARON RT 1 BOX 541 LAKE BUTLER, FL 00000	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C MOSLEY, BARBARA RT 1 BOX 553 LAKE BUTLER FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP HOWARD, W S RT 2 BOX 380 LAKE BUTLER FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Phillip Johns	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director, Chairman of Board CEO	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Phillip Johns RT 1 Box 352 Lake Butler FL 32084	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Phillip Johns* **Phillip Johns** 3/12/03 9049647830

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)

ATTACHMENT

10637870
Doc # 193115

OFFICERS & DIRECTORS
COMMUNITY STATE BANK
811 S. WALNUT ST.
P.O. BOX 460
STARKE, FL 32091
FEI 59-0795359

TITLE CEO, CHAIRMAN OF BOARD, D
NAME JEROME JOHNS
ADDRESS P.O. BOX 460
CITY ST, ZIP STARKE, FL 32091

TITLE CASHIER
NAME BARBARA MOSLEY
ADDRESS 20167 NW CR 235
CITY ST, ZIP LAKE BUTLER, FL 32054

TITLE D, VICE CHAIRMAN
NAME BETTY L WUENSCHEL
ADDRESS 423 MARSH POINT CIRCLE
CITY ST, ZIP ST. AUGUSTINE, FL 32080

TITLE COMPLIANCE OFFICER
NAME ANGIE PHILLIPS
ADDRESS 208 N. EPPERSON ST
CITY ST, ZIP STARKE, FL 32091

TITLE P, D
NAME PHILLIP J. JOHNS
ADDRESS P.O. BOX 460
CITY ST, ZIP STARKE, FL 32091

TITLE SR. OPERATIONS OFFICER
NAME HERBERT A GREEN, JR
ADDRESS 932 WILSON ROAD
CITY ST, ZIP STARKE, FL 32091

TITLE EVP, D
NAME W. S. HOWARD, JR
ADDRESS RT. 2 BOX 380
CITY ST, ZIP LAKE BUTLER, FL 32054

TITLE D
NAME BILL ADAMS
ADDRESS 4313 SEMINOLE ST.
CITY ST, ZIP STARKE, FL 32091

TITLE VP
NAME EUGENE RICHARDSON
ADDRESS 12086 MUD LAKE ROAD
CITY ST, ZIP GLEN ST. MARY, FL 32040

TITLE D
NAME MARKLEYANN J CASH
ADDRESS P.O. BOX 238
CITY ST, ZIP STARKE, FL 32091

TITLE VP
NAME SHARON BENNETT
ADDRESS 22401 NW CR 235
CITY ST, ZIP LAKE BUTLER, FL 32054

TITLE D
NAME WILLIAM WILSON
ADDRESS 802 NE 227TH ST.
CITY ST, ZIP LAWTEY, FL 32058

TITLE VP
NAME JENNIE REED
ADDRESS RT 3 BOX 191
CITY ST, ZIP LAKE BUTLER, FL 32054

Phillip J. Johns Pres. 3/12/03