

2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000005141

Entity Name: CENTENNIAL BANK**Current Principal Place of Business:**620 CHESTNUT STREET
CONWAY, AR 72032**Current Mailing Address:**620 CHESTNUT STREET
CONWAY, AR 72032 US**FEI Number:** 71-0009885**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
C/O C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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 DIRECTOR
Name FRENCH, TRACY
Address 620 CHESTNUT STREET
City-State-Zip: CONWAY AR 72032

Title DIRECTOR
Name SIMS, RANDY
Address 620 CHESTNUT STREET
City-State-Zip: CONWAY AR 72032

Title DIRECTOR
Name HESTER, KEVIN
Address 620 CHESTNUT STREET
City-State-Zip: CONWAY AR 72032

Title DIRECTOR
Name DAVIS, BRIAN
Address 620 CHESTNUT STREET
City-State-Zip: CONWAY AR 72032

Title PRESIDENT
Name FRENCH, TRACY
Address 620 CHESTNUT STREET
City-State-Zip: CONWAY AR 72032

Title TREASURER
Name DAVIS, BRIAN
Address 620 CHESTNUT STREET
City-State-Zip: CONWAY AR 72032

Title SECRETARY
Name MCKENNA, HOLLY
Address 620 CHESTNUT STREET
City-State-Zip: CONWAY AR 72032

Title CHAIRMAN OF THE BOARD
Name ALLISON, JOHN
Address 620 CHESTNUT STREET
City-State-Zip: CONWAY AR 72032

Continues on page 2

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: TRACY FRENCH

PRESIDENT

04/15/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name ALLISON, JOHN
Address 620 CHESTNUT STREET
City-State-Zip: CONWAY AR 72032

Title DIRECTOR
Name ADAMS, MILBURN
Address 620 CHESTNUT STREET
City-State-Zip: CONWAY AR 72032

Title DIRECTOR
Name ENGELKES, JACK
Address 620 CHESTNUT STREET
City-State-Zip: CONWAY AR 72032

Title DIRECTOR
Name RANKIN, JIM
Address 620 CHESTNUT STREET
City-State-Zip: CONWAY AR 72032

Title DIRECTOR
Name ADCOCK, ROBERT BUNNY H.
Address 620 CHESTNUT STREET
City-State-Zip: CONWAY AR 72032

Title DIRECTOR
Name ASHLEY, RICK
Address 620 CHESTNUT STREET
City-State-Zip: CONWAY AR 72032

Title DIRECTOR
Name FARRIS, WILLIAM BILL
Address 620 CHESTNUT STREET
City-State-Zip: CONWAY AR 72032