## **2020 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

FILED May 14, 2020

**Secretary of State** 

6322026279CC

Officer/Director Detail:

Title DIRECTOR Title DIRECTOR

Name ADAMS, MILBURN Name ADCOCK, ROBERT "BUNNY" H.

Address 620 CHESTNUT STREET Address 620 CHESTNUT STREET

City-State-Zip: CONWAY AR 72032 City-State-Zip: CONWAY AR 72032

 Title
 DIRECTOR
 Title
 DIRECTOR

 Name
 ALLISON, JOHN
 Name
 ASHLEY, RICK

Address 620 CHESTNUT STREET Address 620 CHESTNUT STREET

City-State-Zip: CONWAY AR 72032 City-State-Zip: CONWAY AR 72032

TitleTREASURERTitleDIRECTORNameDAVIS, BRIANNameDAVIS, BRIAN

Address 620 CHESTNUT STREET Address 620 CHESTNUT STREET

City-State-Zip: CONWAY AR 72032 City-State-Zip: CONWAY AR 72032

Title DIRECTOR Title DIRECTOR

NameENGELKES, JACKNameFARRIS, WILLIAM "BILL"Address620 CHESTNUT STREETAddress620 CHESTNUT STREETCity-State-Zip:CONWAY AR 72032City-State-Zip:CONWAY AR 72032

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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: TRACY FRENCH PRESIDENT 05/14/2020

Electronic Signature of Signing Officer/Director Detail

Date

## Officer/Director Detail Continued:

Title PRESIDENT Title DIRECTOR

Name FRENCH, TRACY Name FRENCH, TRACY

Address 620 CHESTNUT STREET Address 620 CHESTNUT STREET

City-State-Zip: CONWAY AR 72032 City-State-Zip: CONWAY AR 72032

Title DIRECTOR Title SECRETARY

Name HESTER, KEVIN Name MCKENNA, HOLLY

Address 620 CHESTNUT STREET Address 620 CHESTNUT STREET

City-State-Zip: CONWAY AR 72032 City-State-Zip: CONWAY AR 72032

TitleDIRECTORTitleDIRECTORNameRANKIN, JIMNameSIMS, RANDY

Address 620 CHESTNUT STREET Address 620 CHESTNUT STREET

City-State-Zip: CONWAY AR 72032

City-State-Zip: CONWAY AR 72032