

**2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F17000003873

**Entity Name:** MAGNOLIA BANK, INCORPORATED

**Current Principal Place of Business:**

649 WEST DIXIE AVENUE  
ELIZABETHTOWN, KY 42701

**Current Mailing Address:**

649 WEST DIXIE AVE  
ELIZABETHTOWN, KY 42701 US

**FEI Number:** 61-0126230

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

DEENA, LONDON  
649 WEST DIXIE AVE  
ELIZABETHTOWN, FL 42071 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:** DEENA LONDON

04/05/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title CD  
Name GARRETT, ERIC  
Address LINCOLN BLVD  
City-State-Zip: HODGENVILLE KY 42748

Title D  
Name MASON, JAMES  
Address 802 SUNRISE LINE  
City-State-Zip: ELIZABETHTOWN KY 42701

Title D  
Name CATLETT, GLENN  
Address 2117 OLD SONORA RD  
City-State-Zip: HODGENVILLE KY 42748

Title D  
Name DAVIS, H.Y  
Address 910 DOGWOOD CIRCLE  
City-State-Zip: ELIZABETHTOWN KY 42701

Title D  
Name STOKES, LOWELL  
Address 400 FAIRFAX AVENUE  
City-State-Zip: NASHVILLE TN 37212

Title D  
Name LONDON, DEENA  
Address 90 W ANJU COURT  
City-State-Zip: ELIZABETHTOWN KY 42701

Title D  
Name ADAMS, KENNETH  
Address 90 E HORSESHOE AVENUE  
City-State-Zip: UPTON KY 42784

Title D  
Name SANDERS, RON  
Address 600 SHEPHERDSVILLE RD  
City-State-Zip: HODGENVILLE KY 42748

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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:** DEENA LONDON

PRESIDENT

04/05/2023

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           GARNER, DEBORAH  
Address        1506 SUNSET DR  
City-State-Zip: NEW ALBANY IN 47150