

2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F21000003238

Entity Name: BARWICK BANKING COMPANY**Current Principal Place of Business:**2020 E. MAIN ST.
BARWICK, GA 31720**Current Mailing Address:**2020 E. MAIN ST.
BARWICK, GA 31720**FEI Number:** 59-0975628**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BANGE, JAMES
1200 PLANTATION ISLAND DR., STE. 110
ST. AUGUSTINE, FL 32080 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 CD
Name KRESGE, KEN
Address 1200 PLANTATION ISLAND DR., STE.
110
City-State-Zip: ST. AUGUSTINE FL 32080

Title PD
Name BOWLING, CHAD
Address 1200 PLANTATION ISLAND DR., STE.
110
City-State-Zip: ST. AUGUSTINE FL 32080

Title DIRECTOR
Name SLOAN, PRESTON
Address 1200 PLANTATION ISLAND DR S
SUITE 110
City-State-Zip: SAINT AUGUSTINE FL 32080

Title DIRECTOR
Name JONES, FRED
Address 1200 PLANTATION ISLAND DR S STE
110
SUITE 110
City-State-Zip: SAINT AUGUSTINE FL 32080

Title DCEO
Name BANGE, JAMES
Address 1200 PLANTATION ISLAND DR., STE.
110
City-State-Zip: ST. AUGUSTINE FL 32080

Title D
Name GRAY, BILL
Address 1200 PLANTATION ISLAND DR., STE.
110
City-State-Zip: ST. AUGUSTINE FL 32080

Title DIRECTOR
Name MCLEOD, ROBERT
Address 1200 PLANTATION ISLAND DR S
SUITE 110
City-State-Zip: SAINT AUGUSTINE FL 32080

Title DIRECTOR
Name JONES, BEN
Address 1200 PLANTATION ISLAND DR S
SUITE 110
City-State-Zip: SAINT AUGUSTINE FL 32080

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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: CHAD BOWLING**PRESIDENT****03/10/2022**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	GRAY, WILLIAM
Address	1200 PLANTATION ISLAND DR S SUITE 110
City-State-Zip:	SAINT AUGUSTINE FL 32080