

**2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F22000007055

**Entity Name:** SOUTHERN INDEPENDENT BANCSHARES, INC.**Current Principal Place of Business:**503 N. MAIN ST.  
OPP, AL 36467**Current Mailing Address:**503 N. MAIN ST.  
OPP, AL 36467**FEI Number:** 27-4429398**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**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 DCFO  
Name ADAMS, JOHN D  
Address 503 N. MAIN ST.  
City-State-Zip: OPP AL 36467

Title D  
Name BOOTHE, DR. ROBERT S  
Address 503 N. MAIN ST.  
City-State-Zip: OPP AL 36467

Title D  
Name BURKHARDT, DR. ROBERT B  
Address 503 N. MAIN ST.  
City-State-Zip: OPP AL 36467

Title PD  
Name GARNER, MICAH  
Address 503 N. MAIN ST.  
City-State-Zip: OPP AL 36467

Title CEO  
Name GARNER, MICAH  
Address 503 N. MAIN ST.  
City-State-Zip: OPP AL 36467

Title D  
Name HARDEN, OLAN H  
Address 503 N. MAIN ST.  
City-State-Zip: OPP AL 36467

*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: JOHN D ADAMS****CFO****04/03/2024**

Electronic Signature of Signing Officer/Director Detail

Date