2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2002 8:00 am
Secretary of State
05-09-2002 90017 046 ***150.00
05-15-2002 90076 037 ***150.00

DOCUMENT # 003153

1. Entity Name
THE BANK OF BONIFAY

Principal Place of Business	Mailing Address
224 N WAUKESHA ST BONIFAY FLA 32425-2244	PO BOX 65 BONIFAY FL 32425

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-0153840 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GEORGE, GLEN D.
224 N. NAUKESHA ST
BONIFAY FL 32425

7. Name and Address of New Registered Agent

Name: Michael A. Medley CEO/CHAIRMAN
Street Address (P.O. Box Number is Not Acceptable): 224 N. WAUKESHA
City: Bonifay FL Zip Code: 32425

8. 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 _____ 4/25/02
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After May 1, 2002 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD GEORGE, GLEN D 224 N NAKESHA ST BONIFAY FL	☒ Delete	Guy F. Medley 224 N. WAUKESHA ST. Bonifay FL 32425	☐ Change ☒ Addition Vice Chairman
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV BELL III, HARRY B. 224 N WAUKESHA ST BONIFAY FL	☐ Delete SVP/CO/CASHIER Director	Michael A. Medley SAME	☐ Change ☒ Addition CEO/Chairman
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD GEORGE, VICKERY G 224 N WAUKESHA ST BONIFAY FL	☒ Delete	Brian K. James SAME	☐ Change ☒ Addition President
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD PULLEN, JOHN B. 224 N WAUKESHA ST BONIFAY FL	☒ Delete	Dennis Durant SAME	☐ Change ☒ Addition Director
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HAYES, RHONDA G. 224 N. WAUKESHA ST. BONIFAY FL	☒ Delete	Jim Adams SAME	☐ Change ☒ Addition Director
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	Mr & Mrs. Bill Banks SAME	☐ Change ☒ Addition Director

CR2E034 (9/01)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 4/25/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #