

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 003153

FILED
Apr 08, 2009
Secretary of State

Entity Name: THE BANK OF BONIFAY

Current Principal Place of Business:

300 N. WAUKESHA ST
BONIFAY, FL 32425

New Principal Place of Business:

Current Mailing Address:

PO BOX 65
BONIFAY, FL 324252244

New Mailing Address:

FEI Number: 59-0153840

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JAMES, BRIAN K
300 N WAUKESHA ST
BONIFAY, FL 32425 US

Name and Address of New Registered Agent:

MEDLEY, GUY F
300 N WAUKESHA ST
BONIFAY, FL 32425 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: GUY F. MEDLEY

04/08/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CEO () Delete
Name: MEDLEY, GUY
Address: 300 N. WAUKESHA ST
City-St-Zip: BONIFAY, FL 32425

Title: D () Delete
Name: MEDLEY, MICHAEL
Address: 300 N. WAUKESHA ST
City-St-Zip: BONIFAY, FL 32425

Title: D () Delete
Name: ADAMS, JIM
Address: 300 N. WAUKESHA ST
City-St-Zip: BONIFAY, FL 32425

Title: D () Delete
Name: PARRISH, WYATT
Address: 300 N WAUKESHA ST
City-St-Zip: BONIFAY, FL 32425

Title: D () Delete
Name: BLACK, ROBERT E
Address: 300 N WAUKESHA ST.
City-St-Zip: BONIFAY, FL 32425

Title: D () Delete
Name: JAMES, BRIAN K
Address: 300 N WAUKESHA ST.
City-St-Zip: BONIFAY, FL 32425

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change () Addition
Name: MEDLEY, GUY F
Address: 300 N. WAUKESHA ST
City-St-Zip: BONIFAY, FL 32425

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: ADAMS, JAMES F
Address: 300 N. WAUKESHA ST
City-St-Zip: BONIFAY, FL 32425

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MARY K LEIBOLD

CFO

04/08/2009

Electronic Signature of Signing Officer or Director

Date