

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 018026

Entity Name: VISION BANK

FILED
Jul 15, 2008
Secretary of State

Current Principal Place of Business:

2200 STANFORD ROAD
PANAMA CITY, FL 32405 US

New Principal Place of Business:

Current Mailing Address:

2200 STANFORD ROAD
PANAMA CITY, FL 32405 US

New Mailing Address:

PO BOX 4649
GULF SHORES, AL 36542 US

FEI Number: 59-0506660

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GINN, JOEY
2200 STANFORD ROAD
PANAMA CITY, FL 32405 US

Name and Address of New Registered Agent:

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: LEWIS-BRENT, LANA JANE
Address: 413 WEST FIFTH STREET
City-St-Zip: PANAMA CITY, FL 32401

Title: D () Delete
Name: CATHEY, WILLIAM A
Address: ROUTE 3, BOX 136 A1
City-St-Zip: MEXICO BEACH, FL 32456

Title: D () Delete
Name: ISLER, CHARLES S III
Address: 434 MAGNOLIA AVENUE
City-St-Zip: PANAMA CITY, FL 32401

Title: D () Delete
Name: MCKEAN, ROBERT S
Address: 32803 MARLIN KEY DRIVE
City-St-Zip: ORANGE BEACH, AL 36561 US

Title: D () Delete
Name: PRESCOTT, JACK B
Address: 1502 COUNTRY CLUB DRIVE
City-St-Zip: LYNN HAVEN, FL 32444

Title: D () Delete
Name: SOWELL, JERRY F
Address: 626 LUVERNE AVENUE
City-St-Zip: PANAMA CITY, FL 32401

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: SIRI ALBRIGHT

SVP

07/15/2008

Electronic Signature of Signing Officer or Director

Date