2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2009
Secretary of State

DOCUMENT# 018026

Entity Name: VISION BANK

Current Principal Place of Business:

2200 STANFORD ROAD
PANAMA CITY, FL 32405 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 4649
GULF SHORES, AL 36542 US

New Mailing Address:

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

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 04/07/2009

Electronic Signature of Signing Officer or Director Date