

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 018026

FILED  
Feb 07, 2012  
Secretary of State

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

**OFFICERS AND DIRECTORS:**

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

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

Title: D  
Name: CAMPBELL, JAMES D SR  
Address: 3107 WEST 30TH COURT  
City-St-Zip: PANAMA CITY, FL 32405

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

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

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

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: MICHELLE KINNE

VP

02/07/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date