

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 371597

FILED
Mar 19, 2009
Secretary of State

Entity Name: GULF STATE COMMUNITY BANK

Current Principal Place of Business:

NORTHWEST CORNER OF US HWY., 98
(US 319) AND SECOND STREET
CARRABELLE, FL 32322 US

New Principal Place of Business:

Current Mailing Address:

P O BOX GG
(US 319) AND SECOND STREET
CARRABELLE, FL 32322 US

New Mailing Address:

FEI Number: 59-1309253

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROBISON, JANE
GULF STATE BANK
73RD AVENUE E
APALACHICOLA, FL 32329 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: CHAR () Delete
Name: BUTLER, CLIFF
Address: 145 N BAYSHORE DRIVE
City-St-Zip: EASTPOINT, FL 32328 US

Title: D () Delete
Name: FLOWERS, BRUFORD
Address: 339 WHY 98
City-St-Zip: EASTPOINT, FL 32328 US

Title: D () Delete
Name: JACKSON, GEORGE
Address: 201 NE 12TH STREET
City-St-Zip: CARRABELLE, FL 32322 US

Title: D () Delete
Name: MARXSEN, PAUL E
Address: 903 ST JAMES A VENUE
City-St-Zip: CARRABELLE, FL 32322 US

Title: D (X) Delete
Name: THOMPSON, JERRY
Address: 2209 CONCH DRIVE
City-St-Zip: ST GEORGE ISLAND, FL 32328 US

Title: D () Delete
Name: BROWN, MORRIS
Address: 3797 BLOXHAM ROAD
City-St-Zip: CRAWFORDVILLE, FL 32327

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: JANE ROBISON

RA

03/19/2009

Electronic Signature of Signing Officer or Director

_____ Date