2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 392679

Entity Name: BANK OF PENSACOLA

FILED Mar 13, 2008 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:	
7150 N 9TH AVENUE PENSACOLA, FL 325247885					
Current Mailing Address:				New Mailing Address:	
P.O. BOX 12966 PENSACOLA, FL 325912966					
FEI Number:	59-1378561	FEI Number Applied For ()	FEI Num	nber Not Applicable ()	Certificate of Status Desired ()
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
YOUD, JOSEPH R EVD 50 HIGHPOINT DR GULF BREEZE, FL 32561 US			YOUD, JOSEPH R EVD 125 W ROMANA ST SUITE 400 PENSACOLA, FL 32502 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: JOSEPH R YOUD					03/13/2008
	Electronic	Signature of Registered Agent	t		Date
Election Campaign Financing Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	C () E TAYLOR, W. LUT 4641 CANOPY R PENSACOLA, FL	OAD		Title: (Name: Address: City-St-Zip:) Change ()Addition
Title: Name: Address: City-St-Zip:	EVD () E FAIR, ROBERT L 1510 BAYSHORE PENSACOLA, FL	DR		Title: (Name: Address: City-St-Zip:) Change () Addition
Title: Name: Address: City-St-Zip:	SVP () E MCKINNEY, REX 4225 ROMMITCH PENSACOLA, FL	ILN		Title: (Name: Address: City-St-Zip:) Change () Addition
Title: Name: Address: City-St-Zip:	PD () CARTER, THOMA 2660 CAWDOR C PENSACOLA, FL	CT CT		Title: (Name: Address: City-St-Zip:) Change ()Addition
Title: Name: Address: City-St-Zip:	EVD () E YOUD, JOSEPH I 50 HIGHPOINT D GULF BREEZE, F	R.		Title: (Name: Address: City-St-Zip:) Change ()Addition
Title: Name: Address: City-St-Zip:	EVD () E MCCOY, H CARY 4691 SCENIC HV PENSACOLA, FL	VY		Title: (Name: Address: City-St-Zip:) Change () Addition

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: JEREMY S CREECH VP 03/13/2008