

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# 442852

Entity Name: TIB BANK

FILED
Feb 26, 2009
Secretary of State

Current Principal Place of Business:

6435 NAPLES BOULEVARD
NAPLES, FL 34109

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 2808; ATTN: VICKI L. WALKER
KEY LARGO, FL 33037 US

New Mailing Address:

FEI Number: 59-1500459

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WALKER, VICKI L
% TIB BANK
99451 OVERSEAS HWY.
KEY LARGO, FL 33037 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: CD () Delete
Name: LONGE, THOMAS J
Address: 599 9TH ST N STE 101
City-St-Zip: NAPLES, FL 34102

Title: PCEO () Delete
Name: CARRIGAN, MICHAEL D
Address: 6435 NAPLES BLVD.
City-St-Zip: NAPLES, FL 34109

Title: CFO () Delete
Name: GILHOOLY, STEPHEN J
Address: 599 9TH ST N STE 101
City-St-Zip: NAPLES, FL 34102

Title: VP/S () Delete
Name: WALKER, VICKI L
Address: 99451 OVERSEAS HIGHWAY
City-St-Zip: KEY LARGO, FL 33037

Title: AS () Delete
Name: RAHRLE-CARROLL, CATHY
Address: 6435 NAPLES BOULEVARD
City-St-Zip: NAPLES, FL 34109

Title: AS (X) Delete
Name: CARRIGAN, MICHAEL D
Address: 6435 NAPLES BOULEVARD
City-St-Zip: NAPLES, FL 34109

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: VICKI L. WALKER

VP/S

02/26/2009

Electronic Signature of Signing Officer or Director

Date