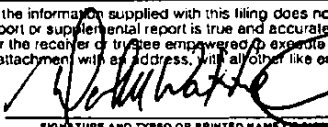


2007 FOR PROFIT CORPORATION ANNUAL REPORT

03-12-2007 90375 030 ***150.00

444135

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 444135					
1. Entity Name PEOPLES BANK OF GRACEVILLE					
Principal Place of Business 5306 BROWN ST. P.O. BOX 596 GRACEVILLE, FL 32440			Mailing Address PO BOX 596 GRACEVILLE, FL 32440		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-1510993	
				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WATFORD, DAVID M 5365 CHERRY ST. GRACEVILLE, FL 32440				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when transferring)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COOP WATFORD, DAVID M 5365 CHERRY ST GRACEVILLE, FL 32440 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Jernigan, Joe (D) ☐ Change ☒ Addition P.O Box 728 Graceville, FL 32440		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEPHENSON, CHARLES 1717 HWY 2 CAMPBELLTON, FL 32426 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sheffield, Joe (D/Sec) ☐ Change ☒ Addition P.O Box 28329 Panama City, FL 32411		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVC MCRAE, C. F 1190 8TH AVENUE GRACEVILLE, FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Turner, John (D/A. Sec) ☐ Change ☒ Addition 125 Wentworth Drive Dothan, AL 36305		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD GRAHAM, DONALD R 5368 EZELL ST. GRACEVILLE, FL 32440 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Smith, Carol C(EVP/C) ☐ Change ☒ Addition 1255 Sanders Ave. Graceville, FL 32440		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WAYMER, BRYAN 1188 10TH AVENUE GRACEVILLE, FL 32440 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Crisp, Benjie; (Sr. VP) ☐ Change ☒ Addition 1690 Hwy 2 GRACEVILLE, FL 32440		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PELHAM, CLIFFORD 1239 HWY 2 GRACEVILLE, FL 32440 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 		3-6-07 850.263.3267			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #			

