

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 444135

FILED  
Feb 15, 2011  
Secretary of State

**Entity Name:** PEOPLES BANK OF GRACEVILLE

**Current Principal Place of Business:**

5306 BROWN ST.  
GRACEVILLE, FL 32440 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 596  
GRACEVILLE, FL 32440 US

**New Mailing Address:**

**FEI Number:** 59-1510993

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WATFORD, DAVID M  
5306 BROWN STREET  
GRACEVILLE, FL 32440 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: PCOO  
Name: WATFORD, DAVID M  
Address: 5365 CHERRY ST  
City-St-Zip: GRACEVILLE, FL 32440 US

Title: D S  
Name: SHEFFIELD, JOSEPH  
Address: 1431 TROUT DRIVE  
City-St-Zip: PANAMA CITY, FL 32411 US

Title: DVC  
Name: MCRAE, C. F  
Address: 1190 8TH AVENUE  
City-St-Zip: GRACEVILLE, FL 32440 US

Title: CCEO  
Name: GRAHAM, DONALD R  
Address: 5368 EZELL ST.  
City-St-Zip: GRACEVILLE, FL 32440 US

Title: EVP  
Name: SMITH, CAROL C  
Address: 1255 SANDERS ROAD  
City-St-Zip: GRACEVILLE, FL 32440 US

Title: SVP  
Name: CRISP, BENJIE L  
Address: 1690 HWY 2  
City-St-Zip: GRACEVILLE, FL 32440 US

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: CAROL C SMITH

EVP

02/15/2011

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

\_\_\_\_\_  
Date