2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2012
Secretary of State

DOCUMENT# 444135

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 02/03/2012

Electronic Signature of Signing Officer or Director Date