2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2009
Secretary of State

DOCUMENT# 453865

Entity Name: WAKULLA BANK

Current Principal Place of Business:

2932 CRAWFORDVILLE HIGHWAY
CRAWFORDVILLE, FL 32327 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 610
CRAWFORDVILLE, FL 32326 US

New Mailing Address:

FEI Number: 59-1541981 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DODSON, WALTER C JR
2932 CRAWFORDVILLE HWY
CRAWFORDVILLE, FL 32327 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: DODSON, WALTER C JR
Address: 113 HARVEY MILL RD
City-St-Zip: CRAWFORDVILLE, FL 32327 US

Title: D ( ) Delete
Name: MORRISON, HARRY JR
Address: 1051 LIVE OAK PLANTATION ROAD
City-St-Zip: TALLAHASSEE, FL 32312 US

Title: DV ( ) Delete
Name: GABY, SCOTT W
Address: 208 ROLAND HARVEY RD
City-St-Zip: CRAWFORDVILLE, FL 32327 US

Title: DC ( ) Delete
Name: BRYANT, GERALD D.N. MD
Address: 2545 NOBLE DRIVE
City-St-Zip: TALLAHASSEE, FL 32308 US

Title: DV ( ) Delete
Name: VERSIGA, WILLIAM F
Address: 12 TALL TIMBERS DRIVE
City-St-Zip: CRAWFORDVILLE, FL 32327 US

Title: D ( ) Delete
Name: ROBERTS, WALTER L
Address: 2721 COASTAL HIGHWAY
City-St-Zip: CRAWFORDVILLE, FL 32327 US

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: WALTER C. DODSON, JR.   DP   04/01/2009
Electronic Signature of Signing Officer or Director   Date