

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 465683

FILED
Feb 09, 2009
Secretary of State

Entity Name: THE TALLAHASSEE STATE BANK

Current Principal Place of Business:

2720 WEST TENNESSEE STREET
P. O. BOX 2275
TALLAHASSEE, FL 32316

New Principal Place of Business:

Current Mailing Address:

2720 WEST TENNESSEE STREET
P. O. BOX 2275
TALLAHASSEE, FL 32316

New Mailing Address:

FEI Number: 59-1562868 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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: D () Delete
Name: CROOMS, JEFFREY MD
Address: 1405 CENTERVILLE RD ST 4400
City-St-Zip: TALLAHASSEE, FL 32308

Title: D () Delete
Name: GARDNER, CHARLES R
Address: 1300 THOMASWOOD DR
City-St-Zip: TALLAHASSEE, FL 32308

Title: S () Delete
Name: MCCLURE, JEANNIE
Address: 601 N MONROE ST
City-St-Zip: TALLAHASSEE, FL

Title: PD () Delete
Name: WEEDEN, SHARON
Address: 601 N MONROE ST
City-St-Zip: TALLAHASSEE, FL 32301

Title: D () Delete
Name: KUNDRAS, ARUN
Address: 2716 GAMBLE RD
City-St-Zip: MONTICELLO, FL 32344

Title: DC () Delete
Name: MOORE, WILLIAM B
Address: 601 N MONROE ST
City-St-Zip: TALLAHASSEE, FL 32301

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: SHARON WEEDEN

PD

02/09/2009

Electronic Signature of Signing Officer or Director

_____ Date