

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000000641

FILED
Mar 26, 2009
Secretary of State

Entity Name: FIRST BANK OF GEORGIA

Current Principal Place of Business:

9250 BAYMEADOWS ROAD
SUITE 460
JACKSONVILLE, FL 32256 US

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 15148
AUGUSTA, GA 30919 US

New Mailing Address:

POST OFFICE BOX 15148
AUGUSTA, GA 30919-114 US

FEI Number: 58-1786015

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STELBRINK, DAVID
9250 BAYMEADOWS ROAD
SUITE 460
JACKSONVILLE, FL 32256 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: PD () Delete
Name: BRINSON, REMER Y
Address: 3527 WHEELER ROAD
City-St-Zip: AUGUSTA, GA 30909 US

Title: EVP () Delete
Name: BIRD, THOMAS M
Address: 2743 PERIMETER PKY BLD 100 STE 100
City-St-Zip: AUGUSTA, GA 30909 US

Title: SVP () Delete
Name: HOLLEY, LYNN
Address: 2743 PERIMETER PKY BLD 100 STE 100
City-St-Zip: AUGUSTA, GA 30909 US

Title: CFO () Delete
Name: GREGORY, BRADLEY J
Address: 3527 WHEELER ROAD
City-St-Zip: AUGUSTA, GA 30909 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: BRINSON, III, REMER Y
Address: 3527 WHEELER ROAD
City-St-Zip: AUGUSTA, GA 30909 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: CFO (X) Change () Addition
Name: FLOURNOY, THOMAS J
Address: 3527 WHEELER ROAD
City-St-Zip: AUGUSTA, GA 30909 US

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: LISA D. HAYES

AVP

03/26/2009

Electronic Signature of Signing Officer or Director

Date