

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G79529

FILED
Apr 28, 2009
Secretary of State

Entity Name: PROSPERITY BANK

Current Principal Place of Business:

100 SOUTHPARK BLVD.
ST. AUGUSTINE, FL 32086

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1690
ST. AUGUSTINE, FL 32085

New Mailing Address:

FEI Number: 59-2324433

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CREAMER, EDDIE
100 SOUTH PARK BLVD.
ST. AUGUSTINE, FL 32086 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: VCFO () Delete
Name: PETERSON, RANDALL
Address: 100 SOUTHPARK BLVD
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: D () Delete
Name: RUSSAKIS, JIM
Address: 8803 INDRIO ROAD
City-St-Zip: FT. PIERCE, FL

Title: VCD () Delete
Name: SMITH, VERNON
Address: 2211 OKACHOBEE RD
City-St-Zip: FT PIERCE, FL

Title: DP () Delete
Name: CREAMER, JAMES E JR
Address: 100 SOUTHPARK BLVD
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: D () Delete
Name: BAILEY, MARK
Address: 100 SOUTHPARK BLVD
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: D () Delete
Name: BOZARD, FRED H
Address: 100 SOUTHPARK BLVD
City-St-Zip: SAINT AUGUSTINE, FL 32085

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: LEE, DAVID
Address: 9310 OLD KINGS ROAD, SOUTH STE#801
City-St-Zip: JACKSONVILLE, FL 32257

Title: D (X) Change () Addition
Name: MCQUAIG, MELVIN
Address: 4 LOUISE STREET
City-St-Zip: ST AUGUSTINE, FL 32095

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

Title: DC (X) Change () Addition
Name: BAILEY, MARK
Address: 100 SOUTHPARK BLVD
City-St-Zip: SAINT AUGUSTINE, FL 32086

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: RANDY PETERSON

VCFO

04/28/2009

Electronic Signature of Signing Officer or Director

Date