

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H41229

FILED
Apr 28, 2009
Secretary of State

Entity Name: COMMUNITY STATE BANK CORPORATION

Current Principal Place of Business:

811 S.WALNUT ST.
P.O. DRAWER 460
STARKE, FL 32091 US

New Principal Place of Business:

Current Mailing Address:

811 S. WALNUT ST.
P.O. DRAWER 460
STARKE, FL 32091 US

New Mailing Address:

FEI Number: 59-2501728

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOHNS, PHILLIP
811 S. WALNUT STREET
STARKE, FL 32091 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: S () Delete
Name: BENNETT, SHARON
Address: 22401 NW CR 235
City-St-Zip: LAKE BUTLER, FL

Title: DC () Delete
Name: JOHNS, JEROME
Address: 811 S. WALNUT ST., P.O. DRAWER 460
City-St-Zip: STARKE, FL

Title: DVPC () Delete
Name: WUENSCHER, BETTY L
Address: 423 MARSH POINT CIRCLE
City-St-Zip: ST. AUGUSTINE, FL

Title: AS () Delete
Name: REDDISH, CAROLYN
Address: 19976 NW 71 ST
City-St-Zip: STARKE, FL

Title: D () Delete
Name: HOWARD, W S
Address: 9763 SW 69TH WAY
City-St-Zip: LAKE BUTLER, FL

Title: DP () Delete
Name: JOHNS, PHILLIP J
Address: 811 S WALNUT ST PO DRAWER 460
City-St-Zip: STARKE, FL 32091

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
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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: PHILLIP JOHNS

PRES

04/28/2009

Electronic Signature of Signing Officer or Director

Date