

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H41229

FILED  
Feb 07, 2012  
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

**OFFICERS AND DIRECTORS:**

Title: S  
Name: BENNETT, SHARON  
Address: 22401 NW CR 235  
City-St-Zip: LAKE BUTLER, FL

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

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

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

Title: DP  
Name: JOHNS, PHILLIP J  
Address: 811 S WALNUT ST  
City-St-Zip: STARKE, FL 32091

I hereby 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 all other like empowered.

SIGNATURE: PHILLIP JOHNS

PRES

02/07/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date