

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J49834

FILED
Jan 21, 2009
Secretary of State

Entity Name: UNITED SOUTHERN BANK

Current Principal Place of Business:

750 NORTH CENTRAL AVENUE
UMATILLA, FL 327849503

New Principal Place of Business:

Current Mailing Address:

750 NORTH CENTRAL AVENUE
UMATILLA, FL 327849503

New Mailing Address:

750 NORTH CENTRAL AVENUE
P O DRAWER 29
UMATILLA, FL 327849503

FEI Number: 59-0489540

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

CLEMENT, G E ATTORNE
308 E 5TH AVE
MOUNT DORA, FL 32757 US

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: G EDWARD CLEMENT

01/21/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: SVP () Delete
Name: ADRID, ROBERT P
Address: 4141 LAKE FOREST
City-St-Zip: MOUNT DORA, FL 32757

Title: CPCF () Delete
Name: FRADY, CONNIE
Address: 7256 CHESTERHILL CIRCLE
City-St-Zip: MOUNT DORA, FL 32757

Title: P () Delete
Name: NELSON, GREGORY L
Address: 38963 N. CR. 44A, PO BOX 1800
City-St-Zip: UMATILLA, FL 32784

Title: SVP () Delete
Name: PEDERSON, MICHAEL O
Address: 807 WASHINGTON AVE
City-St-Zip: LEESBURG, FL 34748

Title: VP () Delete
Name: BUCHER, LORI
Address: 1555 MISTY GLEN LANE
City-St-Zip: CLERMONT, FL 34711

Title: VP () Delete
Name: STONEKING, TEENA
Address: 40440 WEST 8TH AVE
City-St-Zip: LEESBURG, FL 32788

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: CFO (X) Change () Addition
Name: FRADY, CONNIE
Address: 7256 CHESTERHILL CIRCLE
City-St-Zip: MOUNT DORA, FL 32757

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

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

Title: VP (X) Change () Addition
Name: BUCHER, MIKE
Address: 1555 MISTY GLEN LANE
City-St-Zip: CLERMONT, FL 34711

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: CONNIE FRADY

CFO

01/21/2009

Electronic Signature of Signing Officer or Director

Date