

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# J82936

FILED
Nov 08, 2005
Secretary of State

Entity Name: CITIZENS BANK WAKULLA

Current Principal Place of Business:

2628 CRAWFORDVILLE HWY
CRAWFORDVILLE, FL 32327 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 1240
CRAWFORDVILLE, FL 32326 US

New Mailing Address:

FEI Number: 59-2817888

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:

CT CORPORATION SYSTEMS
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: BETH LEE GARNER

11/08/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: YOUNG, L.F. JR.
Address: 195 HARVEY-YOUNG ROAD
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: EXVD () Delete
Name: DAVIS, JACK D. JR.
Address: 677 EASTIVAN ROAD
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: D () Delete
Name: BROWN, EDWIN G.
Address: 321 LITTLE CREEK DRIVE
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: D () Delete
Name: PAYNE, W. MARK
Address: 38 HIGHLAND STREET
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: D () Delete
Name: MILLS, WILLIAM E
Address: 4202 COASTAL HIGHWAY
City-St-Zip: CRAWFORDVILLE, FL 32327

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change (X) Addition
Name: ~~YOUNG, L.F. JR.~~ JOANNE
Address: ~~195 HARVEY-YOUNG ROAD~~
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: PD (X) Change () Addition
Name: BUCKRIDGE, DAVID
Address: 2628 CRAWFORDVILLE HWY
City-St-Zip: CRAWFORDVILLE, FL 32326

Title: D (X) Change () Addition
Name: BROWN, WADE
Address: 1 CLAY REVELL ROAD
City-St-Zip: SOPCHOPPY, FL 32358

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 for the exemption stated in Section 119.07(3)(i), 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: DAVID BUCKRIDGE

PD

11/08/2005

Electronic Signature of Signing Officer or Director

Date