2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2012
Secretary of State

DOCUMENT# L03642

Entity Name: DRUMMOND COMMUNITY BANK

Current Principal Place of Business:

1627 N. YOUNG BLVD.
CHIEFLAND, FL 326268039 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 1039
CHIEFLAND, FL 326441039 US

New Mailing Address:

FEI Number: 59-2976493 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NOT REQUIRED PURSUANT TO FLORIDA STATUTES
CHAPTER 607.034 (2)
., FL 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: D
Name: USHER, E.T.
Address: P O BOX 843
City-St-Zip: CHIEFLAND, FL 326440843

Title: PD
Name: DRUMMOND, LUTHER
Address: P. O. BOX 406
City-St-Zip: CHIEFLAND, FL 32644

Title: D
Name: BROOKINS, THOMAS
Address: 12550 N.W. 50TH AVE.
City-St-Zip: CHIEFLAND, FL 32626

Title: D
Name: MANN, JACK C.
Address: P. O. BOX 291 N/A
City-St-Zip: CHIEFLAND, FL 32644

Title: D
Name: KING, DOUGLAS W
Address: P. O. BOX 725 N/A
City-St-Zip: CHIEFLAND, FL 32644

Title: D
Name: SMITH, JAMES H
Address: POBOX 298
City-St-Zip: CHIEFLAND, FL 326440298

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: LUTHER DRUMMOND PD 03/07/2012

Electronic Signature of Signing Officer or Director — Date