

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M73921

FILED
Mar 05, 2009
Secretary of State

Entity Name: BANKSHARES CORPORATION OF NICEVILLE

Current Principal Place of Business:

1020 JOHN SIMS PKWY
NICEVILLE, FL 32578

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 517
NICEVILLE, FL 325887517

New Mailing Address:

FEI Number: 59-2918289

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEBORAH P DYE
1020 JOHN SIMS PARKWAY
P.O. BOX 517
NICEVILLE, FL 32588 US

Name and Address of New Registered Agent:

DEBORAH P DYE
1020 JOHN SIMS PARKWAY
NICEVILLE, FL 32588 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:

03/05/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: V () Delete
Name: SPENCE, W. FERROL,
Address: 1405-A BAYSHORE DR.
City-St-Zip: NICEVILLE, FL

Title: D () Delete
Name: SPENCE, WALTER F.,
Address: 800 SPENCE CIR.
City-St-Zip: NICEVILLE, FL

Title: D () Delete
Name: MOORE, EUGENE,
Address: 8 PANDORA DRIVE
City-St-Zip: CRESTVIEW, FL

Title: P () Delete
Name: DYE, DEBORAH P.,
Address: 1020 JOHN SIMS PKWY.
City-St-Zip: NICEVILLE, FL

Title: D () Delete
Name: POWELL JR., THOMAS,
Address: 110 NO. PARTIN DR.
City-St-Zip: NICEVILLE, FL

Title: D () Delete
Name: POWELL, JAMES W.
Address: 642 SAILBOAT DR.
City-St-Zip: NICEVILLE, FL

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
Name:
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: DEBORAH P DYE

P

03/05/2009

Electronic Signature of Signing Officer or Director

Date