2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007
Secretary of State

DOCUMENT# P04000008158

Entity Name: ALARION BANK

Current Principal Place of Business:

ONE NE FIRST AVENUE
400
OCALA, FL 34470

New Principal Place of Business:

Current Mailing Address:

ONE NE FIRST AVENUE
400
OCALA, FL 34470

New Mailing Address:

FEI Number: 20-0586873 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: BOSSHARDT, CAROL R.
Address: 3950 SW 93RD DRIVE
City-St-Zip: GAINESVILLE, FL 32608

Title: D ( ) Delete
Name: COPE, DAVID G.
Address: 2950 SE 93RD DRIVE
City-St-Zip: OCKLAWAHA, FL 32179

Title: D ( ) Delete
Name: KURTZ, JON
Address: 1 NE FIRST AVE
City-St-Zip: OCALA, FL 34470

Title: D ( ) Delete
Name: FLETCHER, GLORIA W.
Address: 1223 NW 114TH DRIVE
City-St-Zip: GAINESVILLE, FL 32606

Title: D ( ) Delete
Name: HILL, MICHAEL P.
Address: 6700 SW 12TH COURT
City-St-Zip: OCALA, FL 34476

Title: D ( ) Delete
Name: KIRKPATRICK, KENNETH B.
Address: 307 SE 21ST TERRACES
City-St-Zip: OCALA, FL 34471

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change ( ) Addition
Name: WHITE, JOB
Address: 134 EAST CALL ST
City-St-Zip: STARKE, FL 32091

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: D (X) Change ( ) Addition
Name: MILLER, LORALEE
Address: 6726 NW 81ST BLVD
City-St-Zip: GAINESVILLE, FL 32653

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: MATTHEW IVERS CFO 04/30/2007

Electronic Signature of Signing Officer or Director Date