

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000008158

Entity Name: ALARION BANK

FILED  
Apr 28, 2009  
Secretary of State

## 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: 5542 NE 43RD ST.  
City-St-Zip: GAINESVILLE, FL 32653

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

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: MILLER, LORALEE  
Address: 6726 NW 81ST BLVD  
City-St-Zip: GAINESVILLE, FL 32653

## 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: MATTHEW IVERS

CFO

04/28/2009

Electronic Signature of Signing Officer or Director

Date