2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Aug 26, 2009
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 ( )**

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

IVERS, MATTHEW CFO
ONE NE FIRST AVE
400
OCALA, FL 34470 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: MATTHEW IVERS 08/26/2009
Electronic Signature of Registered Agent Date

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 08/26/2009
Electronic Signature of Signing Officer or Director Date