

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000008158

FILED
Apr 30, 2010
Secretary of State

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:

IVERS, MATTHEW CFO
ONE NE FIRST AVE
400
OCALA, FL 34470 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D
Name: BOSSHARDT, CAROL R.
Address: 5542 NE 43RD ST.
City-St-Zip: GAINESVILLE, FL 32653

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

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

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

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

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

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: MATTHEW IVERS

CFO

04/30/2010

Electronic Signature of Signing Officer or Director

Date