

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000112780

FILED
Apr 04, 2012
Secretary of State

Entity Name: CHIPOLA COMMUNITY BANK

Current Principal Place of Business:

4701 HWY 90
MARIANNA, FL 32446

New Principal Place of Business:

Current Mailing Address:

4701 HWY 90
MARIANNA, FL 32446

New Mailing Address:

FEI Number: 20-3356187

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEIBOLD, KATHY
4701 HWY 90
MARIANNA, FL 32446 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

OFFICERS AND DIRECTORS:

Title: PCEO
Name: LEIBOLD, KATHY
Address: 4701 HIGHWAY 90
City-St-Zip: MARIANNA, FL 32446

Title: D
Name: PFORTE, BOB
Address: 2958 HERITAGE RD
City-St-Zip: MARIANNA, FL 32448

Title: D
Name: DILMORE, J W
Address: 788 MILL RD
City-St-Zip: ALFORD, FL 32420

Title: D
Name: SLOAN, KATHY
Address: 2535 SPRING CREEK RD
City-St-Zip: MARIANNA, FL 32448

Title: D
Name: DULANEY, DAVID
Address: 4129 HAYNES LN
City-St-Zip: MARIANNA, FL 32446

Title: C
Name: SMITH, STEVE
Address: 156 GILCREASE LN
City-St-Zip: QUINCY, FL 32351

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: KATHY LEIBOLD

CFO

04/04/2012

Electronic Signature of Signing Officer or Director

Date