2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2009
Secretary of State

DOCUMENT# P05000143318

Entity Name: GULFSOUTH PRIVATE BANK

Current Principal Place of Business:

305 MAIN STREET
DESTIN, FL 32541

New Principal Place of Business:

Current Mailing Address:

PO BOX 129
DESTIN, FL 32540

New Mailing Address:

FEI Number: 72-1598380 **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:

ATKINS, ANTHONY J
305 MAIN STREET
DESTIN, FL 32541 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: ANTHONY J. ATKINS 04/10/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	D/C	( ) Delete
Name:	PURSER, MCLEOD JR	
Address:	2504 AGNEW STREET	
City-St-Zip:	MONTGOMERY, AL 36106	
Title:	D	( ) Delete
Name:	JAY, JAMES	
Address:	806 EAST LAKE DR	
City-St-Zip:	SHALIMAR, FL 32579	
Title:	D	( ) Delete
Name:	NIALL, SCALLY D	
Address:	539 CALLE ESCADA	
City-St-Zip:	SANTA ROSA BEACH, FL 32459	
Title:	D	( ) Delete
Name:	CODY, ROBERT M	
Address:	463 OUTBACK RD	
City-St-Zip:	CLAYTON, AL 36016	
Title:	D	( ) Delete
Name:	DOUGHERTY, JOSEPH P	
Address:	4043 KATS CT	
City-St-Zip:	DESTIN, FL 32541	
Title:	D	( ) Delete
Name:	HENRY, THOMAS B	
Address:	1331 NURSERY RD	
City-St-Zip:	SANTA ROSA BEACH, FL 32459	

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:	D	(X) Change ( ) Addition
Name:	ATKINS, ANTHONY J	
Address:	4097 INDIAN BAYOU	
City-St-Zip:	DESTIN, FL 32541	
Title:	D	(X) Change ( ) Addition
Name:	BENNETT, ROBERT H	
Address:	1920 MAIN STREET	
City-St-Zip:	LOUISVILLE, AL 36048	

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: ANTHONY J. ATKINS CEO 04/10/2009
Electronic Signature of Signing Officer or Director Date