

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000098056

FILED
Apr 14, 2009
Secretary of State

Entity Name: FLORIDA CITIZENS BANK

Current Principal Place of Business:

3919 W. NEWBERRY ROAD
GAINESVILLE, FL 32607

New Principal Place of Business:

Current Mailing Address:

720 S PINE AVE
OCALA, FL

New Mailing Address:

FEI Number: 59-3543636 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:

WALLS, CARL PRES
3919 W. NEWBERRY RD
GAINESVILLE, FL 32607 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: CARL WALLS

04/14/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BOVAY, JOHN C
Address: 6305 SW 103RD ST
City-St-Zip: GAINESVILLE, FL 32608

Title: D () Delete
Name: BUTLER, DEBORAH J
Address: 2306 SW 13TH ST
City-St-Zip: GAINESVILLE, FL 32608

Title: D () Delete
Name: CRAWFORD, GEORGE T
Address: 2310 SE 8TH ST
City-St-Zip: GAINESVILLE, FL 34471

Title: D () Delete
Name: DAVIS, JOSEPH W
Address: 1401 NW 60TH ST
City-St-Zip: GAINESVILLE, FL 32605

Title: D () Delete
Name: DEAN, JONATHAN S
Address: 14035 NW CR 464-B
City-St-Zip: MORRISTON, FL 32668

Title: D () Delete
Name: ELLIS, LARRY T
Address: 5400 NW 39 AVE #M103
City-St-Zip: GAINESVILLE, FL 32614

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: SHERI HIGGINBOTHAM

SVP

04/14/2009

Electronic Signature of Signing Officer or Director

Date