

2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P18000089740

Entity Name: PNB COMMUNITY BANK, INC.**Current Principal Place of Business:**1020 JOHN SIMS PKWY E
NICEVILLE, FL 32578**Current Mailing Address:**P.O. BOX 517
NICEVILLE, FL 32588 US**FEI Number:** 59-2648364**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**CHIEF FINANCIAL OFFICER
P O BOX 6200(32314-6200)
200 E GAINSES STREET
TALLAHASSEE, FL 32399-0000 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**Title D
Name DYE, DEBORAH P
Address 637 SAILBOAT DRIVE
City-State-Zip: NICEVILLE FL 32578Title D
Name POWELL, JAMES W
Address 642 SAILBOAT DRIVE
City-State-Zip: NICEVILLE FL 32578Title D
Name FLOYD, MICHAEL R
Address 109 MULRY DRIVE
City-State-Zip: NICEVILLE FL 32578Title D
Name GANN, BILLY L
Address 904 KRISTANNA DRIVE
City-State-Zip: PANAMA CITY FL 32405Title D
Name HARRISON, CYNTHIA M
Address 376 WATERVIEW COVE DRIVE
City-State-Zip: FREEPORT FL 32439Title D
Name LAFLIN, CASEE L
Address 1436 CEDAR ST
City-State-Zip: NICEVILLE FL 32578Title D
Name SPENCE, FREIDA L
Address 810 SPENCE CIR.
City-State-Zip: NICEVILLE FL 32578

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: DEBORAH P DYE**DIRECTOR****04/18/2025**_____
Electronic Signature of Signing Officer/Director Detail_____
Date