

**2020 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         | 128 TAMARA COVE    |
| City-State-Zip: | NICEVILLE FL 32578 |

|                 |                    |
|-----------------|--------------------|
| Title           | D                  |
| Name            | POWELL, JAMES W    |
| Address         | 642 SAILBOAT DRIVE |
| City-State-Zip: | NICEVILLE FL 32578 |

|                 |                    |
|-----------------|--------------------|
| Title           | D                  |
| Name            | FLOYD, MICHAEL R   |
| Address         | 109 MULRY DRIVE    |
| City-State-Zip: | NICEVILLE FL 32578 |

|                 |                      |
|-----------------|----------------------|
| Title           | D                    |
| Name            | GANN, BILLY L        |
| Address         | 904 KRISTANNA DRIVE  |
| City-State-Zip: | PANAMA CITY FL 32405 |

|                 |                          |
|-----------------|--------------------------|
| Title           | D                        |
| Name            | HARRISON, CYNTHIA M      |
| Address         | 376 WATERVIEW COVE DRIVE |
| City-State-Zip: | FREEPORT FL 32439        |

|                 |                           |
|-----------------|---------------------------|
| Title           | D                         |
| Name            | LAFLIN, CASEE L           |
| Address         | 67 N MOSSY CREEK ROAD     |
| City-State-Zip: | DEFUNIAK SPRINGS FL 32433 |

|                 |                    |
|-----------------|--------------------|
| Title           | 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****04/10/2020**

Electronic Signature of Signing Officer/Director Detail

Date