

2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P22000023788

Entity Name: THE WARRINGTON BANK**Current Principal Place of Business:**4093 BARRANCAS AVE
PENSACOLA, FL 32507**Current Mailing Address:**P. O. BOX 4877
PENSACOLA, FL 32507 US**FEI Number:** 59-0686240**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MAIR, DONNA
4093 BARRANCAS AVE
PENSACOLA, FL 32507 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	DIRECTOR
Name	HESS, MARILYN W
Address	585 WINDROSE CR
City-State-Zip:	PENSACOLA FL 32507

Title	DIRECTOR
Name	RUSSO, GAIL E
Address	181 LERAY DR
City-State-Zip:	CALERA AL 35040

Title	DIRECTOR
Name	JONES, RAYMOND H
Address	9548 VILLAS DR.
City-State-Zip:	FOLEY AL 36535

Title	DIRECTOR, PRESIDENT
Name	MAIR, DONNA L
Address	585 WINDROSE CIR.
City-State-Zip:	PENSACOLA FL 32507

Title	VP
Name	CORPORAAL, VICKI
Address	15201 COUNTY ROAD 83
City-State-Zip:	ELBERTA AL 36530-3307

Title	VP
Name	CORNWELL, KATHY J
Address	3025 CORAL STRIP PARKWAY
City-State-Zip:	GULF BREEZE FL 32563

Title	VP
Name	BRAMMER, JAMES
Address	1011 GREAT OAKS DR
City-State-Zip:	GULF BREEZE FL 32563

Title	DIRECTOR, VP
Name	PALMER, PERRY
Address	4140 BRIGHTON DR
City-State-Zip:	PENSACOLA FL 32504

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 CORNWELL

VICE PRESIDENT

02/25/2025

Electronic Signature of Signing Officer/Director Detail_____
Date