

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000052491

Entity Name: FIRST FEDERAL FINANCIAL SERVICES CORPORATION**Current Principal Place of Business:**4705 WEST US HWY 90
LAKE CITY, FL 32055**Current Mailing Address:**P.O. BOX 2029
LAKE CITY, FL 32056 US**FEI Number: 59-3459411****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LEIBFRIED, KEITH C
4705 WEST US HWY 90
LAKE CITY, FL 32055 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 PSTD
Name KEITH C LEIBFRIED
Address 326 WESTMORELAND
City-State-Zip: LIVE OAK FL 32064Title D
Name MCGRANAHAN, ROBERT
Address 10709 184TH STREET
City-State-Zip: MCALPIN FL 32062Title EVP
Name BREWER, GEORGE DAVID
Address 4705 WEST US HWY 90
City-State-Zip: LAKE CITY FL 32055Title D
Name SMITH, STEPHEN
Address P.O. BOX 1792
City-State-Zip: LAKE CITY FL 32056Title D
Name POOLE, RONNIE
Address 9024 141ST DRIVE
City-State-Zip: LIVE OAK FL 32060Title SECR
Name SKEEN, SHARON
Address 4705 WEST US HWY 90
City-State-Zip: LAKE CITY FL 32055

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: CATHERINE HURST**ACCOUNTANT CONTROL 01/22/2015
MGR.**_____
Electronic Signature of Signing Officer/Director Detail_____
Date