## **2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F22000001102

**Entity Name: SOUTHERN INDEPENDENT BANK** 

**Current Principal Place of Business:** 

503 N. MAIN ST. OPP. AL 36467

**Current Mailing Address:** 

503 N. MAIN ST. OPP, AL 36467

FEI Number: 20-5937561 Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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

FILED Feb 07, 2023

**Secretary of State** 

9550959817CC

Officer/Director Detail:

Title CFO Title D

Name ADAMS, JOHN D Name BURKHARDT, DR. ROBERT B

Address 503 N. MAIN ST. Address 503 N. MAIN ST.

City-State-Zip: OPP AL 36467 City-State-Zip: OPP AL 36467

Title D Title D

Name HARDEN, OLAN H Name BOOTHE, DR. ROBERT S

Address 503 N. MAIN ST. Address 503 N. MAIN ST.

City-State-Zip: OPP AL 36467 City-State-Zip: OPP AL 36467

Title PCEO Title D

NameGARNER, MICAHNameHODSON, NORMAN EAddress503 N. MAIN ST.Address503 N. MAIN ST.City-State-Zip:OPP AL 36467City-State-Zip: OPP AL 36467

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: JOHN D ADAMS

Electronic Signature of Signing Officer/Director Detail

**CFO** 

02/07/2023