

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000000981

FILED
Apr 08, 2009
Secretary of State

Entity Name: HANCOCK BANK

Current Principal Place of Business:

2510 14TH STREET
GULFPORT, MS 39501

New Principal Place of Business:

Current Mailing Address:

PO BOX 4019
GULFPORT, MS 39502

New Mailing Address:

ATTN TAX DEPARTMENT
P.O. BOX 4019
GULFPORT, MS 39502

FEI Number: 64-0169065

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BOARDMAN, JOSEPH F
Address: 2501 14TH STREET
City-St-Zip: GULFPORT, MS 39501

Title: D () Delete
Name: SCHLOEGEL, GEORGE A
Address: 2510 14TH STREET
City-St-Zip: GULFPORT, MS 39501

Title: CEOP () Delete
Name: CHANEY, CARL A
Address: 2510 14TH STREET
City-St-Zip: GULFPORT, MS 39501

Title: CEOP () Delete
Name: HAIRSTON, JOHN M
Address: 2510 14TH STREET
City-St-Zip: GULFPORT, MS 39501

Title: CFO () Delete
Name: ACHARY, MICHAEL M
Address: 2510 14TH STREET
City-St-Zip: GULFPORT, MS 39501

Title: COO () Delete
Name: LOPER, SHANE
Address: 2510 14TH STREET
City-St-Zip: GULFPORT, MS 39501

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: LEVENS, JERRY L
Address: 2501 14TH STREET
City-St-Zip: GULFPORT, MS 39501

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: CEOP (X) Change () Addition
Name: CHANEY, CARL J
Address: 2510 14TH STREET
City-St-Zip: GULFPORT, MS 39501

Title: CEOS (X) Change () Addition
Name: HAIRSTON, JOHN M
Address: 2510 14TH STREET
City-St-Zip: GULFPORT, MS 39501

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: CARL J. CHANEY

CEOP

04/08/2009

Electronic Signature of Signing Officer or Director

_____ Date