

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P16000100661

Entity Name: ATLANTIC COAST BANK**Current Principal Place of Business:**4655 SALISBURY ROAD, SUITE 110
JACKSONVILLE, FL 32256**Current Mailing Address:**4655 SALISBURY ROAD, SUITE 110
JACKSONVILLE, FL 32256 US**FEI Number:** 58-0570960**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**STEPHENS, JOHN K JR
4655 SALISBURY ROAD, SUITE 110
JACKSONVILLE, FL 32256 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 BHASIN, DEVINDER P.S.
Address 4655 SALISBURY ROAD, SUITE 110
City-State-Zip: JACKSONVILLE FL 32256

Title DIRECTOR, CHAIRMAN
Name DOLAN, JOHN J
Address 4655 SALISBURY ROAD, SUITE 110
City-State-Zip: JACKSONVILLE FL 32256

Title DIRECTOR
Name PALMER, W. ERIC
Address 4655 SALISBURY ROAD, SUITE 110
City-State-Zip: JACKSONVILLE FL 32256

Title DIRECTOR, PRESIDENT, CEO
Name STEPHENS, JOHN K JR.
Address 4655 SALISBURY ROAD, SUITE 110
City-State-Zip: JACKSONVILLE FL 32256

Title DIRECTOR
Name CHOUDHRI, BHANU
Address 4655 SALISBURY ROAD, SUITE 110
City-State-Zip: JACKSONVILLE FL 32256

Title DIRECTOR
Name HOGAN, JAMES D
Address 4655 SALISBURY ROAD, SUITE 110
City-State-Zip: JACKSONVILLE FL 32256

Title DIRECTOR, VC
Name SIDHU, JASHINDER S
Address 4655 SALISBURY ROAD, SUITE 110
City-State-Zip: JACKSONVILLE FL 32256

Title CFO, SECRETARY
Name KEEGAN, TRACY L.
Address 4655 SALISBURY ROAD, SUITE 110
City-State-Zip: JACKSONVILLE FL 32256

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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: JENNY BEZIS**ASSISTANT CORPORATE SECRETARY 03/30/2017**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title CHIEF CREDIT OFFICER
Name BUDDENBOHM, PHILLIP S.
Address 4655 SALISBURY ROAD, SUITE 110
City-State-Zip: JACKSONVILLE FL 32256

Title CONTROLLER
Name STONE, MARSHALL D.
Address 4655 SALISBURY ROAD, SUITE 110
City-State-Zip: JACKSONVILLE FL 32256

Title TREASURER
Name HUBACHER, PHILIP SCOTT
Address 4655 SALISBURY ROAD, SUITE 110
City-State-Zip: JACKSONVILLE FL 32256

Title ASST. SECRETARY
Name BEZIS, JENNY
Address 4655 SALISBURY ROAD, SUITE 110
City-State-Zip: JACKSONVILLE FL 32256