2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 003287

Entity Name: COASTAL COMMUNITY BANK

FILED Feb 23, 2005 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
22 AVENUE E APALACHICOLA, FL 32320				12141 PANAMA CITY BEACH PKWY PANAMA CITY BEACH, FL 32407 US			
Current Mailing Address:				New Mailing Address:			
PO BOX 370 APALACHICOLA, FL 32329 US			12141 PANAMA CITY BEACH PKWY PANAMA CITY BEACH, FL 32407 US				
FEI Number:	: 59-0145250	FEI Number Applied For()	FEI Nun	nber Not Appl	licable ()	Certificate of State	us Desired ()
Name and	Address of C	urrent Registered Agent:		Name and	Address of	New Registered	Agent:
PANAMA (The above in the State	COOLEY DRIV CITY, FL 32400 named entity se of Florida.		purpose o	f changing i	ts registered	office or registered	d agent, or both,
SIGNATU		ic Signature of Registered Ag				 Date	
	mpaign Financing S AND DIREC	Trust Fund Contribution ().		ADDITION	IS/CHANGES	S TO OFFICERS /	AND DIRECTOF
Title: Name: Address: City-St-Zip:	D () MILLENDER, FA HWY. 67 NORT CARRABELLE,	H		Title: Name: Address: City-St-Zip:	() Change ()Addition	ו
Title: Name: Address: City-St-Zip:	DUBOSE, TERF 4321 JAN COOI			Title: Name: Address: City-St-Zip:	() Change () Addition	n
Fitle: Name: Address: City-St-Zip:	D () HOLSOMBAKE, 604 WOOD TRA PANAMA CITY,	AIL		Title: Name: Address: City-St-Zip:	() Change () Addition	ח
Fitle: Name: Address: City-St-Zip:	D () GANDER, JAME 1493 BLUFF RO APALACHICOLA	DAD		Title: Name: Address: City-St-Zip:	ARNOLD, HAR 169 WATER S		n
Fitle: Name: Address: City-St-Zip:	D () SHULER, J. GO 100 21ST STRE APALACHICOLA	ET		Title: Name: Address: City-St-Zip:	() Change () Addition	ו
Title: Name: Address: City-St-Zip:	D () BLOODWORTH 7TH STREET APALACHICOLA			Title: Name: Address: City-St-Zip:	BLOODWOR ¹ 18 7TH STRE	·	n

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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:	D TERRY DUBOSE	CD	02/23/2005