

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 003287

FILED
Jan 29, 2009
Secretary of State

Entity Name: COASTAL COMMUNITY BANK

Current Principal Place of Business:

12141 PANAMA CITY BEACH PARKWAY
PANAMA CITY BEACH, FL 32407 US

New Principal Place of Business:

Current Mailing Address:

12141 PANAMA CITY BEACH PARKWAY
PANAMA CITY BEACH, FL 32407 US

New Mailing Address:

FEI Number: 59-0145250 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DUBOSE, TERRY
4321 JAN COOLEY DRIVE
PANAMA CITY, FL 32408 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: MILLENDER, FARRIS V
Address: HWY. 67 NORTH
City-St-Zip: CARRABELLE, FL

Title: CD () Delete
Name: DUBOSE, TERRY
Address: 4321 JAN COOLEY DRIVE
City-St-Zip: PANAMA CITY BEACH, FL 32408

Title: D () Delete
Name: HOLSOMBAKE, JAMES
Address: 604 WOOD TRAIL
City-St-Zip: PANAMA CITY, FL 32405

Title: D () Delete
Name: ARNOLD, HARRY K
Address: 169 WATER ST
City-St-Zip: APALACHICOLA, FL 32320

Title: D () Delete
Name: SHULER, J. GORDON
Address: 100 21ST STREET
City-St-Zip: APALACHICOLA, FL 32320

Title: D () Delete
Name: BLOODWORTH, LEON R
Address: 18 7TH STREET
City-St-Zip: APALACHICOLA, FL 32320

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: TROY R CAMPBELL

SVP

01/29/2009

Electronic Signature of Signing Officer or Director

Date