3-21-97 B-3436 C

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Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **J83027** **(9)**

1. Corporation Name
FIRST COAST COMMUNITY BANK

Principal Place of Business	Mailing Address
1900 SOUTH 14TH STREET FERNANDINA BEACH FL 32034	1900 SOUTH 14TH STREET FERNANDINA BEACH FL 32034-3034

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip / Country 24 / 25	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip / Country 29 / 30

3. Date Incorporated or Qualified: 08/14/1987	3a. Date of Last Report: 04/09/1996
4. FEI Number: 59-2784638	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent

NOT REQUIRED
PURSUANT TO CHAPTER 607 (034)(2)
FLORIDA STATUTES

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE (Required when changing registered agent or registered office address) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: D	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME: BURNS, PAUL C.		1.2 NAME	
STREET ADDRESS: 2100 SOUTH FLETCHER AVE		1.3 STREET ADDRESS	
CITY-ST-ZIP: FERNANDINA BEACH FL		1.4 CITY-ST-ZIP	
TITLE: D	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME: MELNYK, STEVEN N.		2.2 NAME	
STREET ADDRESS: 5015 PIRATES COVE RD.		2.3 STREET ADDRESS	
CITY-ST-ZIP: JACKSONVILLE FL		2.4 CITY-ST-ZIP	
TITLE: V	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME: OUTLER, CHARLES R.		3.2 NAME	
STREET ADDRESS: 1546 LISA AVE		3.3 STREET ADDRESS	
CITY-ST-ZIP: FERNANDINA BEACH FL		3.4 CITY-ST-ZIP	
TITLE: CPD	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME: TOWNSEND, JAMES M.		4.2 NAME	
STREET ADDRESS: 1689 RIGGING WAY		4.3 STREET ADDRESS	
CITY-ST-ZIP: FERNANDINA BCH. FL		4.4 CITY-ST-ZIP	
TITLE: D	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME: CHANEY, JAMES R.		5.2 NAME	
STREET ADDRESS: 110 TURNBERRY ST		5.3 STREET ADDRESS	
CITY-ST-ZIP: ST. SIMONS GA		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Chas. R. Outler Charles R. Outler, VP/Cashier 3/17/97 904/277-4400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

H18745

TITLE	V
NAME	JORDAN, MARY E.
ADDRESS	ROUTE 1, BOX 118A
CITY, STATE, ZIP	FERNANDINA BEACH, FL 32034
TITLE	D
NAME	POWELL, TERRY J.
ADDRESS	2151 RIVER MARSH DRIVE
CITY, STATE, ZIP	FERNANDINA BEACH, FL 32034
TITLE	D
NAME	SANDS, JAMES U.
ADDRESS	10 RED CEDAR ROAD
CITY, STATE, ZIP	FERNANDINA BEACH, FL 32034
TITLE	D
NAME	SELTON, ROBERT W., JR.
ADDRESS	82 LAUREL OAK ROAD
CITY, STATE, ZIP	FERNANDINA BEACH, FL 32034
TITLE	D
NAME	SHAVE, BENJAMIN
ADDRESS	1430 TAMPA E BLVD #C
CITY, STATE, ZIP	TAMPA, FL 33619
TITLE	D
NAME	CAPLES, DAVID
ADDRESS	1617 ATLANTIC AVENUE
CITY, STATE, ZIP	FERNANDINA BEACH, FL 32034
TITLE	D
NAME	GRANT, EUGENE W.
ADDRESS	42 L. S. MORRISON DRIVE, PO BOX 949
CITY, STATE, ZIP	FERNANDINA BEACH, FL 32035
TITLE	D
NAME	HEARD, JOHN H.
ADDRESS	C/O OXLEY-HEARD FUNERAL HOME 1305 ATLANTIC AVENUE, PO BOX 693
CITY, STATE, ZIP	FERNANDINA BEACH, FL 32035