

2004 FOR PROFIT CORPORATION ANNUAL REPORT

04-28-2004 90239 049 ***158.75

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04 MAY 11 AM 10:15

TALLAHASSEE, FLORIDA

14011202



DOCUMENT # J83027

1. Entity Name
FIRST COAST COMMUNITY BANK



Principal Place of Business
**1750 SOUTH 14TH STREET
FERNANDINA BEACH, FL 32034 US**

Mailing Address
**1750 SOUTH 14TH STREET
FERNANDINA BEACH, FL 32034 US**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

04012004 Chg-P CR2E034 (10/03)

4. FEI Number
59-2784638

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	PAUL, BURNS C	
STREET ADDRESS	2100 SOUTH FLETCHER AVE	
CITY-ST-ZIP	FERNANDINA BEACH, FL 32034	
TITLE	D	<input type="checkbox"/> Delete
NAME	STEVEN, MELNYK N	
STREET ADDRESS	5015 PIRATES COVE RD.	
CITY-ST-ZIP	JACKSONVILLE, FL 32210	
TITLE	CPD	<input type="checkbox"/> Delete
NAME	JAMES, TOWNSEND M	
STREET ADDRESS	215 MARSH LAKES CT.	
CITY-ST-ZIP	FERNANDINA BCH., FL 32034	
TITLE	D	<input type="checkbox"/> Delete
NAME	CHANEY, JAMES R	
STREET ADDRESS	119 GEORGIA ST.	
CITY-ST-ZIP	ST. SIMONS, GA 31522	
TITLE	D	<input type="checkbox"/> Delete
NAME	DONALD, SHAW	
STREET ADDRESS	1525 BEACHWALKER ROAD	
CITY-ST-ZIP	AMELIA ISLAND, FL 32034	
TITLE	D	<input type="checkbox"/> Delete
NAME	BENJAMIN, SHAVE J	
STREET ADDRESS	4418 TITLEIST DR.	
CITY-ST-ZIP	FERNANDINA BEACH, FL 32034	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: James M. Townsend CEO/ President 04/27/04 (904) 277-4400

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