2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005
Secretary of State

DOCUMENT# J83027

Entity Name: FIRST COAST COMMUNITY BANK

Current Principal Place of Business:

1750 SOUTH 14TH STREET
FERNANDINA BEACH, FL 32034 US

New Principal Place of Business:

Current Mailing Address:

1750 SOUTH 14TH STREET
FERNANDINA BEACH, FL 32034 US

New Mailing Address:

FEI Number: 59-2784638 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

NOT REQUIRED
PURSUANT TO CHAPTER 607 (034)(2)
FLORIDA STATUTES, FL 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:	PAUL, BURNS C	
Address:	2100 SOUTH FLETCHER AVE	
City-St-Zip:	FERNANDINA BEACH, FL 32034 US	
Title:	D	( ) Delete
Name:	STEVEN, MELNYK N	
Address:	5015 PIRATES COVE RD.	
City-St-Zip:	JACKSONVILLE, FL 32210 US	
Title:	CPD	( ) Delete
Name:	JAMES, TOWNSEND M	
Address:	215 MARSH LAKES CT.	
City-St-Zip:	FERNANDINA BCH., FL 32034 US	
Title:	D	( ) Delete
Name:	CHANEY, JAMES R	
Address:	119 GEORGIA ST.	
City-St-Zip:	ST. SIMONS, GA 31522 US	
Title:	D	( ) Delete
Name:	DONALD, SHAW	
Address:	1525 BEACHWALKER ROAD	
City-St-Zip:	AMELIA ISLAND, FL 32034 US	
Title:	D	( ) Delete
Name:	BENJAMIN, SHAVE J	
Address:	4418 TITLEIST DR.	
City-St-Zip:	FERNANDINA BEACH, FL 32034 US	

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 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: JAMES M. TOWNSEND CPD 04/29/2005

Electronic Signature of Signing Officer or Director Date