2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2009
Secretary of State

DOCUMENT# P00000026202

Entity Name: SUNSHINE STATE COMMUNITY BANK

Current Principal Place of Business:

4777 CLYDE MORRIS BLVD
PORT ORANGE, FL 32129

New Principal Place of Business:

Current Mailing Address:

4777 CLYDE MORRIS BLVD
PORT ORANGE, FL 32129

New Mailing Address:

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

Name and Address of Current Registered Agent:

BRINN, DENNIS E CEO
4777 CLYDE MORRIS BLVD
PORT ORANGE, FL 32127 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: O ( ) Delete
Name: BRINN, DENNIS E
Address: 3 TOMOKA VIEW DR
City-St-Zip: ORMOND BEACH, FL

Title: O ( ) Delete
Name: RODDY, EDMUND J
Address: 3575 MARIBELLA DR
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: C ( ) Delete
Name: GEORGE C SCOTT,
Address: 3018 S. PENNISULA DR
City-St-Zip: DAYTONA BEACH, FL 32127

Title: D ( ) Delete
Name: ALAN R. CROUCH,
Address: 3792 EMILIA DR
City-St-Zip: DAYTONA BEACH, FL 32119

Title: D ( ) Delete
Name: ROBERT KIT KOREY,
Address: 2054 JOHN ANDERSON DR
City-St-Zip: ORMOND BEACH, FL 32176

Title: D ( ) Delete
Name: KENNETH L STAUDT DDS,
Address: 944 BRIDGEWATER DR # 2B
City-St-Zip: PORT ORANGE, FL 32119

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: O (X) Change ( ) Addition
Name: BRINN, DENNIS E
Address: 3 TOMOKA VIEW DR
City-St-Zip: ORMOND BEACH, FL 32174

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: EDMUND J. RODDY CFO 03/24/2009

Electronic Signature of Signing Officer or Director — Date