

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000030320

FILED  
Apr 28, 2006  
Secretary of State

Entity Name: BEACH COMMUNITY BANK

## Current Principal Place of Business:

17 EGLIN PARKWAY  
FT WALTON BEACH, FL 32548

## New Principal Place of Business:

## Current Mailing Address:

17 EGLIN PARKWAY  
FT WALTON BEACH, FL 32548

## New Mailing Address:

FEI Number: 59-3672784

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

## Name and Address of New Registered Agent:

HUGHES, A. ANTHONY  
2733 CREEKS EDGE LANE  
NAVARRE, FL 32566 US

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: A. ANTHONY HUGHES

04/28/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: BALLARD, A. BOWEN  
Address: 108 BRIDFAL PATH  
City-St-Zip: PIKE ROAD, AL 36064

Title: D ( ) Delete  
Name: CLARY, CHARLES W III  
Address: 37 E COUNTRY CLUB DR  
City-St-Zip: DESTIN, FL 32540

Title: D ( ) Delete  
Name: HENDERSON, JOSEPH W  
Address: 203 SLOAT CT  
City-St-Zip: FT WALTON BEACH, FL 32548

Title: D/O ( ) Delete  
Name: HUGHES, A. ANTONY  
Address: 2733 CREEKS EDGE LANE  
City-St-Zip: NAVARRE, FL 32566

Title: D/O ( ) Delete  
Name: PRITHCHARD, KATHLEEN A  
Address: 247 WAKISSA COVE  
City-St-Zip: DESTIN, FL 32541

Title: O ( ) Delete  
Name: JOHNS, GARY E  
Address: 5 LAGUNA STREET UNIT 302  
City-St-Zip: FORT WALTON BEACH, FL 32548

## 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: O (X) Change ( ) Addition  
Name: JOHNS, GARY E  
Address: 388 CAMDEN PASS LANE  
City-St-Zip: FORT WALTON BEACH, FL 32544

I hereby certify that the information supplied with this filing does not qualify for the 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: GARY E. JOHNS

O

04/28/2006

Electronic Signature of Signing Officer or Director

Date