

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000030320

Entity Name: BEACH COMMUNITY BANK

FILED
Apr 10, 2009
Secretary of State

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:

HUGHES, ANTHONY A
17 EGLIN PARKWAY
FORT WALTON BEACH, FL 32548 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: 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: 388 CAMDEN PASS LANE
City-St-Zip: FORT WALTON BEACH, FL 32547

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 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

04/10/2009

Electronic Signature of Signing Officer or Director

Date