

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000014651

FILED
Apr 03, 2009
Secretary of State

Entity Name: BANK OF COMMERCE HOLDINGS, INC.

Current Principal Place of Business:

1858 RINGLING BLVD
SARASOTA, FL 34236

New Principal Place of Business:

Current Mailing Address:

1858 RINGLING BLVD
SARASOTA, FL 34236

New Mailing Address:

FEI Number: 77-0602142

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MURPHY, CHARLES O
1858 RINGLING BLVD
SARASOTA, FL 34236 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: MP () Delete
Name: MURPHY, CHARLES O
Address: 4597 CAMINO REAL
City-St-Zip: SARASOTA, FL 34231

Title: D () Delete
Name: LAYTON, CATHY
Address: 1900 LINCOLN DR
City-St-Zip: SARASOTA, FL 34236

Title: D () Delete
Name: CANNON, JOHN K
Address: 8408 MIDNIGHT PASS RD
City-St-Zip: SARASOTA, FL 34247

Title: D () Delete
Name: KELLER, JAMES T
Address: 1439 S LAKESHORE DR
City-St-Zip: SARASOTA, FL 34231

Title: D () Delete
Name: LAWSON, DONALD M
Address: 3130 DICK WILSON DR
City-St-Zip: SARASOTA, FL 34236

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MURPHY, CHARLES O
Address: 4597 CAMINO REAL
City-St-Zip: SARASOTA, FL 34231

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: D () Change (X) Addition
Name: BLIN, JAMES L
Address: 1374 HARBOR DRIVE
City-St-Zip: SARASOTA, FL 34239

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: CHARLES O. MURPHY

PRES

04/03/2009

Electronic Signature of Signing Officer or Director

Date