

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P04000100717**

1. Entity Name  
**BEACH COMMUNITY BANCSHARES, INC.**



Principal Place of Business  
**17 SE EGLIN PARKWAY  
FT WALTON BEACH, FL 32548**

Mailing Address  
**PO BOX 4400  
FT WALTON BEACH, FL 32549**



04202007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-1382714**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**HUGHES, A. ANTHONY  
17 SE EGLIN PARKWAY  
FT WALTON BEACH, FL 32548**

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	BALLARD, A. BOWEN
STREET ADDRESS	950 CARMICHAEL PL
CITY-ST-ZIP	MONTGOMERY, AL 36117
TITLE	D
NAME	CLARY, CHARLES W III
STREET ADDRESS	37 E COUNTRY CLUB DR
CITY-ST-ZIP	DESTON, FL 32540
TITLE	D
NAME	HENDERSON, JOSEPH W
STREET ADDRESS	03 SLOAT CT
CITY-ST-ZIP	FT WALTON BEACH, FL 32548
TITLE	D
NAME	HUGHES, A. ANTHONY
STREET ADDRESS	2733 CREEKS EDGE LANE
CITY-ST-ZIP	NAVARRE, FL 32566
TITLE	D
NAME	PRITCHARD, KATHLEEN A
STREET ADDRESS	249 WAKISSA COVE
CITY-ST-ZIP	DESTON, FL 32541
TITLE	O
NAME	JOHNS, GARY E
STREET ADDRESS	388 CAMDEN PASS LANE
CITY-ST-ZIP	FORT WALTON BEACH, FL 32547

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05/02/07-80037-014 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/2007

Date

850-244-6744

Daytime Phone #