

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000100717

FILED  
Apr 10, 2009  
Secretary of State

Entity Name: BEACH COMMUNITY BANCSHARES, INC.

## Current Principal Place of Business:

17 SE EGLIN PARKWAY  
FT WALTON BEACH, FL 32548

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 4400  
FT WALTON BEACH, FL 32549

## New Mailing Address:

FEI Number: 20-1382714

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HUGHES, A. ANTHONY  
17 SE EGLIN PARKWAY  
FT 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: 950 CARMICHAEL PL  
City-St-Zip: MONTGOMERY, AL 36117

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

Title: D ( ) Delete  
Name: HENDERSON, JOSEPH W  
Address: 03 SLOAT CT  
City-St-Zip: FT WALTON BEACH, FL 32548

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

Title: D ( ) Delete  
Name: PRITCHARD, KATHLEEN A  
Address: 249 WAKISSA COVE  
City-St-Zip: DESTON, 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: D/O (X) Change ( ) Addition  
Name: HUGHES, A. ANTHONY  
Address: 2733 CREEKS EDGE LANE  
City-St-Zip: NAVARRE, FL 32566

Title: D/O (X) Change ( ) Addition  
Name: PRITCHARD, KATHLEEN A  
Address: 249 WAKISSA COVE  
City-St-Zip: DESTON, FL 32541

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