

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000129095

Entity Name: NATURE COAST BANK

FILED
Jun 30, 2005
Secretary of State

Current Principal Place of Business:

300 SE HIGHWAY 19
CRYSTAL RIVER, FL 34429

New Principal Place of Business:

Current Mailing Address:

300 SE HIGHWAY 19
CRYSTAL RIVER, FL 34429

New Mailing Address:

FEI Number: 77-0650041

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:

CROSLEY, STEFANIE A CFO,
300 SE US HIGHWAY 19
CRYSTAL RIVER, FL 34429 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: STEFANIE A. CROSLEY

06/30/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ARTHURS, DAVID S
Address: 200 W TOMPKINS ST
City-St-Zip: INVERNESS, FL 34450

Title: D () Delete
Name: BERRY, EUGENE A
Address: 7598 ARLIA WAY
City-St-Zip: LARGO, FL 33777

Title: D () Delete
Name: CROSLAND, J AUBREY SR
Address: 9030 WEST FORT ISLAND TRAIL
City-St-Zip: CRYSTAL RIVER, FL 34429

Title: D () Delete
Name: GILL, ROBERT P
Address: 12645 W FORT ISLAND TRAIL
City-St-Zip: CRYSTAL RIVER, FL 34429

Title: D () Delete
Name: GROW, JEFFREY R
Address: 2214 HWY 44 WEST
City-St-Zip: INVERNESS, FL 34453

Title: D () Delete
Name: MARCUM, DINAN G
Address: 2214 HWY 44 WEST
City-St-Zip: INVERNESS, FL 34453

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 for the exemption stated in Section 119.07(3)(i), 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: PAUL V. MELLINI

CEO

06/30/2005

Electronic Signature of Signing Officer or Director

Date