

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000076414

Entity Name: GULF SHORE BANK

FILED
Apr 08, 2009
Secretary of State

Current Principal Place of Business:

3201 SOUTH MACDILL AVE
TAMPA, FL 33629

New Principal Place of Business:

Current Mailing Address:

3201 SOUTH MACDILL AVE
TAMPA, FL 33629

New Mailing Address:

FEI Number: 20-5326752

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MANASSA, GREGORY A PRES.
3201 SOUTH MACDILL AVE
TAMPA, FL 33629 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: BAUMANN, JOHN P
Address: 12023 NICKLAUS CIRCLE
City-St-Zip: TAMPA, FL 33624

Title: D () Delete
Name: CARTER, JOHN E
Address: 2628 SUNSET DRIVE
City-St-Zip: TAMPA, FL 33629

Title: D () Delete
Name: GARCIA, MARIO JR
Address: 628 BALIBAY ROAD
City-St-Zip: APOLLO BEACH, FL 33572

Title: D () Delete
Name: CASSIDY, VINCENT J
Address: 2923 WEST WALLCRAFT AVE
City-St-Zip: TAMPA, FL 33611

Title: D () Delete
Name: GUIDA, GEORGE A
Address: 4911 N SHIRLEY DRIVE
City-St-Zip: TAMPA, FL 33603

Title: D () Delete
Name: KIM, DOHYUN
Address: 127 16TH AVE SW
City-St-Zip: RUSKIN, FL 33570

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: D (X) Change () Addition
Name: ROCHE, ARMANDO
Address: 1910 ORIENT ROAD
City-St-Zip: TAMPA, FL 33619

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: GREGORY A. MANASSA

PRES

04/08/2009

Electronic Signature of Signing Officer or Director

Date