

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000008114

FILED
Jan 05, 2009
Secretary of State

Entity Name: PALM BEACH COMMUNITY BANK

Current Principal Place of Business:

3717 BOYNTON BEACH BLVD
BOYNTON BEACH, FL 33436

New Principal Place of Business:

3717 BOYNTON BEACH BLVD
SUITE 1
BOYNTON BEACH, FL 33436

Current Mailing Address:

3717 BOYNTON BEACH BLVD
BOYNTON BEACH, FL 33436

New Mailing Address:

P. O. BOX 243639
BOYNTON BEACH, FL 33424

FEI Number: 41-2265156

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

MINNIEAR, NANCY J SVP
3717 BOYNTON BEACH BLVD
SUITE 1
BOYNTON BEACH, FL 33436 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: NANCY J. MINNIEAR

01/05/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: RAPAPORT, PETER A
Address: 1557 NORTH OCEAN BLVD
City-St-Zip: PALM BEACH, FL 33480

Title: D () Delete
Name: RAPAPORT, JONATHAN F
Address: 101 EBBTIDE DR
City-St-Zip: NORTH PALM BEACH, FL 33480

Title: D () Delete
Name: CEARLEY, CALVIN L
Address: 15542 CYPRESS PARK DR
City-St-Zip: WELLINGTON, FL 33414

Title: D () Delete
Name: MARTIN, JR, JOHN D
Address: 4130 ST. ANDREW DR
City-St-Zip: BOYNTON BEACH, FL 33436

Title: D () Delete
Name: MARTIN, WILLIAM R
Address: 4398 CARYOTA DR
City-St-Zip: BOYNTON BEACH, FL 33436

Title: D () Delete
Name: NOREM, STORMET C
Address: 800 W. BOYNTON BEACH BLVD
City-St-Zip: BOYNTON BEACH, FL 33426

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 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: NANCY J. MINNIEAR

SVP

01/05/2009

Electronic Signature of Signing Officer or Director

Date