2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2007 8:00 am
Secretary of State
03-22-2007 90010 037 ***150.00

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1. Entity Name
EAST COAST COMMUNITY BANK

Principal Place of Business	Mailing Address
330 NO NOVA RD ORMOND BEACH, FL 32174	330 NO NOVA RD ORMOND BEACH, FL 32174

03202007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3451153 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
Igler & Dougherty, P.A. 2457 Care Drive Tallahassee, Fl 32308	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BAUER, KIRK T 3355 BLACK BEAR TR. DELAND, FL 32724	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Bowler, Kevin F 22 Tidewater Drive Ormond Beach, Fl 32174	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FORNARI, LAWRENCE J 112 POMCE DE LEON CIRCLE PONCE INLET, FL 32127	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Furnari, Lawrence J 112 Ponce deLeon Circle Ponce Inlet, Fl 32127	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SELBY, DWIGHT C 1535 OAK FOREST DR ORMOND BEACH, FL 32174	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD RAMIREZ, RAFAEL A 23 EAGLE COURT ORMOND BEACH, FL 32174	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HEASTER, LEWIS M 11 BROADRIVER ROAD ORMOND BEACH, FL 32174	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Heaster, Lewis M 90 Riverside Dr. Ormond Beach, Fl 32174	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MUNIER, MICHAEL A 45 SHADOWCREEK WAY ORMOND BEACH, FL 32174	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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.

(386) 252-3131

SIGNATURE: Rafael A Ramirez, Jr. President/Director 3-2007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #