

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90027 009 ***150.00

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1. Entity Name
EAST COAST COMMUNITY BANK



Principal Place of Business

330 NO NOVA RD
ORMOND BEACH, FL 32174

Mailing Address

330 NO NOVA RD
ORMOND BEACH, FL 32174

2. Principal Place of Business - No P.O. Box #

1240 W. Granada Blvd

3. Mailing Address

1240 W. Granada Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04042008

Chg-P

CR2E034 (12/06)

City & State

Ormond Beach FL

City & State

Ormond Beach FL

4. FEI Number

59-3451153

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

Zip
32174

Country

US

Zip

32174

Country

US

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME BAUER, KIRK T
STREET ADDRESS 3355 BLACK BEAR TR.
CITY-ST-ZIP DELAND, FL 32724

TITLE D ☐ Delete
NAME FURNARI, LAWRENCE J
STREET ADDRESS 112 PONCE DE LEON CIRCLE
CITY-ST-ZIP PONCE INLET, FL 32127

TITLE D ☐ Delete
NAME SELBY, DWIGHT C
STREET ADDRESS 1535 OAK FOREST DR
CITY-ST-ZIP ORMOND BEACH, FL 32174

TITLE PD ☐ Delete
NAME RAMIREZ, RAFAEL A
STREET ADDRESS 23 EAGLE COURT
CITY-ST-ZIP ORMOND BEACH, FL 32174

TITLE D ☐ Delete
NAME HEASTER, LEWIS M
STREET ADDRESS 90 RIVERSIDE DR
CITY-ST-ZIP ORMOND BEACH, FL 32176

TITLE D ☐ Delete
NAME MUNIER, MICHAEL A
STREET ADDRESS 45 SHADOWCREEK WAY
CITY-ST-ZIP ORMOND BEACH, FL 32174

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☒ Change ☐ Addition
NAME Fornari, Lawrence J
STREET ADDRESS 4926 Sailfish Drive
CITY-ST-ZIP Ponce Inlet, FL 32127

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Rafael A. Ramirez, Jr President & Director 4-9-08

386-672-3003