

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000083009

FILED
Apr 07, 2009
Secretary of State

Entity Name: EAST COAST COMMUNITY BANK

Current Principal Place of Business:

1240 W GRANADA BLVD
ORMOND BEACH, FL 32174

New Principal Place of Business:

Current Mailing Address:

1240 W GRANADA BLVD
ORMOND BEACH, FL 32174

New Mailing Address:

FEI Number: 59-3451153

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BAUER, KIRK T
Address: 3355 BLACK BEAR TR.
City-St-Zip: DELAND, FL 32724

Title: D () Delete
Name: FURNARI, LAWRENCE J
Address: 4926 SAILFISH DRIVE
City-St-Zip: PORT INLET, FL 32127

Title: D () Delete
Name: SELBY, DWIGHT C
Address: 1535 OAK FOREST DR
City-St-Zip: ORMOND BEACH, FL 32174

Title: PD () Delete
Name: RAMIREZ, RAFAEL A
Address: 23 EAGLE COURT
City-St-Zip: ORMOND BEACH, FL 32174

Title: D () Delete
Name: HEASTER, LEWIS M
Address: 90 RIVERSIDE DR
City-St-Zip: ORMOND BEACH, FL 32176

Title: D () Delete
Name: MUNIER, MICHAEL A
Address: 45 SHADOWCREEK WAY
City-St-Zip: ORMOND BEACH, FL 32174

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: FORNARI, LAWRENCE J
Address: 4926 SAILFISH DRIVE
City-St-Zip: PONCE INLET, FL 32127

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: RAFAEL A. RAMIREZ, JR.

P&D

04/07/2009

Electronic Signature of Signing Officer or Director

Date