## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N03000007372

FILED May 09, 2005 Secretary of State

Entity Name: LIBERTY COUNTY COMMUNITY DEVELOPMENT FINANCIAL INSTITUTION, INC. **Current Principal Place of Business: New Principal Place of Business:** 550 S BULFORD AVENUE 1010 MEMORIAL BLVD. OCOEE, FL 34761 LAKELAND, FL 33801 US **Current Mailing Address: New Mailing Address:** 550 S BULFORD AVENUE P.O. BOX 627 OCOEE, FL 34761 BRISTOL, FL 32321 US FFI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired (X) In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BRALAND, DARRYL YOUNG, PHIL 550 S BULFORD AVENUE 1976 VISTA VIEW DRIVE OCOEE, FL 34761 LAKELAND, FL 33813 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: PHIL YOUNG 05/09/2005 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change ( ) Addition BRALAND, DARRYL DODGE, DONALD Name: Name: 550 S BULFORD AVENUE Address: 3891 ALAMANDA HILLS PLACE Address: City-St-Zip: OCOEE, FL 34761 City-St-Zip: LAKELAND, FL 33813 US Title: Title: ( ) Change (X) Addition ( ) Delete Name: Name: SHIVE, ASHLEY Address: Address: 6374 ALAMANDA HILLS PLACE City-St-Zip: City-St-Zip: LAKELAND, FL 33813 US Title: () Delete Title: ( ) Change (X) Addition Name: THE NCT GROUP CPAS,, LLP Name: P.O. BOX 1076 Address: Address: City-St-Zip: City-St-Zip: LAKELAND, FL 33802 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PHIL YOUNG RA 05/09/2005