

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**


**FILED**  
**Jul 26, 2004 8:00 am**  
**Secretary of State**

6/2

06-24-2004 90079 009 \*\*\*\*61.25

**DOCUMENT # N03000007332**

1. Entity Name  
**HENRY COUNTY COMMUNITY DEVELOPMENT FINANCIAL INSTITUTION, INC.**



Principal Place of Business  
**3741 HIGHLAND AVENUE FT MYERS, FL 33916**

Mailing Address  
**3741 HIGHLAND AVENUE FT MYERS, FL 33916**

2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

**66430614**



04262004 Chg-NP CR2E037 (10/03)

4. FEI Number  
**04-3794794**

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**STURGIS, GEORGE W.  
 3741 HIGHLAND AVENUE  
 FT MYERS, FL 33916**

7. Name and Address of New Registered Agent  
 Name **Debra D. Sturgis**  
 Street Address (P.O. Box Number is Not Acceptable) **3741 Highland Avenue**  
 City **FT Myers** FL Zip Code **33916**

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 **Debra D. Sturgis** **Debra D. Sturgis, President**  
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when not standing) DATE

Filing Fee is **\$61:25** Due by **May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P STURGIS, GEORGE W 3741 HIGHLAND AVENUE FT MYERS, FL 33916</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President Sturgis, Debra D. 3741 Highland Avenue FT Myers, FL 33916</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Debra D. Sturgis / Debra D. Sturgis** **5/28/04 (239) 332-1498-5pm**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

*(work) (239) 939-3456 ext 1216 7-5pm*