## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N03000007338

FILED May 09, 2005 Secretary of State

Entity Name: FRANKLIN COUNTY COMMUNITY DEVELOPMENT FINANCIAL INSTITUTION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 2923 PONTIAC DR 1010 E. MEMORIAL BLVD. TALLAHASSEE, FL 32301 LAKELAND, FL 33801 **Current Mailing Address: New Mailing Address:** 2923 PONTIAC DR P.O. BOX 296 APALACHICOLA, FL 32329 TALLAHASSEE, FL 32301 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: CARPER, DEE YOUNG, PHIL 2923 PONTIAC DR 1976 VISTA VIEW DRIVE TALLAHASSEE, FL 32301 US 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: (X) Change ( ) Addition () Delete CARPER, DEE ALLENSWORTH, DONALL Name: Name: 2923 PONTIAC DR Address: 6865 CRESCENT OAKS CIR Address: City-St-Zip: TALLAHASSEE, FL 32301 City-St-Zip: LAKELAND, FL 33813 US ( ) Change (X) Addition Title: Title: ( ) Delete Name: Name: MULLIS, JAMES Address: Address: 607 N. MERRIN STREET City-St-Zip: City-St-Zip: PLANT CITY, FL 33563 US Title: () Delete Title: ( ) Change (X) Addition THE NCT GROUP CPAS,, LLP Name: 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