

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 17, 2004 8:00 am
Secretary of State

08-17-2004 90001 017 *****70.00

DOCUMENT # N03000007342					
1. Entity Name OSCEOLA COUNTY COMMUNITY DEVELOPMENT FINANCIAL INSTITUTION, INC.					
Principal Place of Business 425 N. CHICKASAW TRAIL #285 ORLANDO, FL 32825			Mailing Address 425 N. CHICKASAW TRAIL #285 ORLANDO, FL 32825		
54068534					
2. Principal Place of Business <i>1525 Immo Kalee Street</i>		3. Mailing Address <i>SPANK</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <i>Tarcession City, FL</i>		City & State		4. FEI Number <input checked="" type="checkbox"/> Applied For Not Applicable	
Zip <i>33848</i>		Country <i>USA</i>		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GRAY, GARY 515 BARN STREET KISSIMMEE, FL 34744			7. Name and Address of New Registered Agent Name: <i>John Mangini</i> Street Address (P.O. Box Number is Not Acceptable): <i>1525 Immo Kalee Street</i> City: <i>Tarcession City</i> FL Zip Code: <i>33848</i>		
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: <i>[Signature]</i> <i>John Mangini, President</i> DATE: _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	P <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
DENNIS, STEVEN 425 N. CHICKASAW TRAIL #285 ORLANDO, FL 32825			<i>President, John Mangini</i> <i>1525 Immo Kalee Street</i> <i>Tarcession City, FL 33848</i>		
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	
12. I hereby certify that the information supplied with this filing does not qualify 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 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: <i>[Signature]</i> <i>John Mangini</i> <i>8/12/04</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

Attachment #N03000007342 54068534

Form **SS-4**

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)

EIN

OMB No. 1545-0003

(Rev. December 2001)
Department of the Treasury
Internal Revenue Service

▶ See separate instructions for each line. ▶ Keep a copy for your records.

Type or print clearly	1 Legal name of entity (or individual) for whom the EIN is being requested <i>Osceola County Community Development Financial Institution, Inc</i>		
	2 Trade name of business (if different from name on line 1) <i>N/A</i>		3 Executor, trustee, "care of" name <i>John Margaret Mangini</i>
	4a Mailing address (room, apt., suite no. and street, or P.O. box) <i>1525 Tamakalle Street</i>		5a Street address (if different) (Do not enter a P.O. box.) <i>N/A</i>
	4b City, state, and ZIP code <i>Tallevast City, FL 33848</i>		5b City, state, and ZIP code <i>N/A</i>
	6 County and state where principal business is located <i>Osceola, FL</i>		
	7a Name of principal officer, general partner, grantor, owner, or trustor <i>John Mangini</i>		7b SSN, ITIN, or EIN
8a Type of entity (check only one box) <input type="checkbox"/> Sole proprietor (SSN) <input type="checkbox"/> Estate (SSN of decedent) <input type="checkbox"/> Partnership <input type="checkbox"/> Plan administrator (SSN) <input type="checkbox"/> Corporation (enter form number to be filed) ▶ <input type="checkbox"/> Trust (SSN of grantor) <input type="checkbox"/> Personal service corp. <input type="checkbox"/> National Guard <input type="checkbox"/> State/local government <input type="checkbox"/> Church or church-controlled organization <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Federal government/military <input checked="" type="checkbox"/> Other nonprofit organization (specify) ▶ <input type="checkbox"/> REMIC <input type="checkbox"/> Indian tribal governments/enterprises <input type="checkbox"/> Other (specify) ▶ Group Exemption Number (GEN) ▶			
8b If a corporation, name the state or foreign country (if applicable) where incorporated <i>FL</i>		State <i>FL</i> Foreign country <i>USA</i>	
9 Reason for applying (check only one box) <input type="checkbox"/> Started new business (specify type) ▶ <i>Community Development</i> <input type="checkbox"/> Banking purpose (specify purpose) ▶ <input type="checkbox"/> Hired employees (Check the box and see line 12.) <input type="checkbox"/> Changed type of organization (specify new type) ▶ <input type="checkbox"/> Compliance with IRS withholding regulations <input type="checkbox"/> Purchased going business <input type="checkbox"/> Other (specify) ▶ <input type="checkbox"/> Created a trust (specify type) ▶ <input type="checkbox"/> Created a pension plan (specify type) ▶			
10 Date business started or acquired (month, day, year) <i>2-03</i>		11 Closing month of accounting year <i>December</i>	
12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) <i>N/A</i>			
13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter "0-".		Agricultural	Household
14 Check one box that best describes the principal activity of your business. <input type="checkbox"/> Construction <input type="checkbox"/> Rental & leasing <input type="checkbox"/> Transportation & warehousing <input type="checkbox"/> Accommodation & food service <input type="checkbox"/> Wholesale-agent/broker <input type="checkbox"/> Real estate <input type="checkbox"/> Manufacturing <input type="checkbox"/> Finance & insurance <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/> Wholesale-other <input type="checkbox"/> Retail		Other <i>4</i>	
15 Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided. <i>N/A</i>			
16a Has the applicant ever applied for an employer identification number for this or any other business? <input type="checkbox"/> Yes <input type="checkbox"/> No Note: If "Yes," please complete lines 16b and 16c.			
16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above. Legal name ▶ <i>N/A</i> Trade name ▶ <i>N/A</i>			
16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known. Approximate date when filed (mo., day, year) <i>N/A</i> City and state where filed <i>N/A</i> Previous EIN <i>N/A</i>			

Third Party Designee	Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.		
	Designee's name		Designee's telephone number (include area code)
	Address and ZIP code		Designee's fax number (include area code)
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.			
Name and title (type or print clearly) ▶ <i>John Mangini</i>			Applicant's telephone number (include area code)
Signature ▶ <i>John Mangini</i>			Applicant's fax number (include area code)
Date ▶ <i>8/10/04</i>			