

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90205 027 ****61.25

DOCUMENT # N03000007347

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



Principal Place of Business
**1010 E. MEMORIAL BLVD.
LAKELAND, FL 33801 US**

Mailing Address
**P.O. BOX 1148
MONTICELLO, FL 32345 US**

60030798



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04192006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number
APPLIED FOR 87-0744865

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**YOUNG, PHIL
1976 VISTA VIEW DRIVE
LAKELAND, FL 33813**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

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 **P** ☒ Delete
NAME **HALLER III, HAL**
STREET ADDRESS **6330 ASHLEY DRIVE**
CITY-ST-ZIP **LAKELAND, FL 33813**

TITLE **P** ☐ Change ☒ Addition
NAME **John Callahan**
STREET ADDRESS **2014 Fish Hatchery Rd**
CITY-ST-ZIP **Lakeland, FL 33801**

TITLE **S** ☒ Delete
NAME **DODGE, RAY LYNN**
STREET ADDRESS **3891 ALAMANDA HILLS PLACE**
CITY-ST-ZIP **LAKELAND, FL 33813**

TITLE **S** ☐ Change ☒ Addition
NAME **Joy Cheatham**
STREET ADDRESS **3142 Timberly Ln**
CITY-ST-ZIP **Lakeland, FL 33810**

TITLE **T** ☐ Delete
NAME **THE NCT GROUP CPAS, LLP**
STREET ADDRESS **P. O. BOX 1076**
CITY-ST-ZIP **LAKELAND, FL 33802**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Joy Cheatham, Secretary*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/06
Date

863-
608-8800
Daytime Phone #