2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N03000007358

FILED May 09, 2005 Secretary of State

Entity Name: MADISON COUNTY COMMUNITY DEVELOPMENT FINANCIAL INSTITUTION, INC. **Current Principal Place of Business: New Principal Place of Business:** P.O. BOX 680738 1010 E. MEMORIAL BLVD. ORLANDO, FL 32868 LAKELAND, FL 33801 **Current Mailing Address: New Mailing Address:** P.O. BOX 680738 P.O. BOX 274 ORLANDO, FL 32868 MADISON, FL 32341 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: SAPP, GERARD YOUNG, PHIL 925 SÎVEY LN 1976 VISTA VIEW DRIVE ORLANDO, FL 32811 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 SAPP, GERARD CALLAHAN, JOHN Name: Name: P.O. BOX 680738 Address: 2014 FISH HATCHERY RD Address: City-St-Zip: ORLANDO, FL 32868 City-St-Zip: LAKELAND, FL 33801 US Title: () Delete Title: () Change (X) Addition Name: Name: BROWN, THOMAS Address: Address: 4239 LIVE OAK ROAD City-St-Zip: City-St-Zip: LAKELAND, FL 33813 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