


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-28-2006 90206 025 ****61.25

DOCUMENT # N03000007365 1. Entity Name INDIAN RIVER COUNTY COMMUNITY DEVELOPMENT FINANCIAL INSTITUTION, INC.					
Principal Place of Business PO BOX 93498 LAKELAND, FL 33804			Mailing Address PO BOX 93498 LAKELAND, FL 33804		
2. Principal Place of Business 1198 90th Ave. Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Vero Beach, FL		City & State		4. FEI Number 41-2138723 87-0744861	
Zip 32969-1076		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WALME, BELINDA 3116 SWIFT DRIVE MELBOURNE, FL 32901				7. Name and Address of New Registered Agent Name Joy Cheatham Street Address (P.O. Box Number is Not Acceptable) 3142 Timberly Lane City Lakeland FL Zip Code 33810	
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 Joy Cheatham DATE 4/25/06 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		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 YOUNG, PHILIP G PO BOX 93498 LAKELAND, FL 33804 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Cheryl L. Shaffer 1976 Vista View Dr. Lakeland, FL 33813 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T NCT Group CPA's, LLP 811 E. Main St. Lakeland, FL 33801 <input type="checkbox"/> Change <input checked="" 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	
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	
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 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: Philip G. Young <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4/26/06 863-682-6163 <small>Date Daytime Phone #</small>		

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04192006 Chg-NP CR2E037 (11/05)

FIN:

Applied For
Not Applicable