


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-28-2006 90174 010 \*\*\*\*61.25

|   |  |   |
|---|--|---|
| <b>DOCUMENT # N03000007375</b>  |  |  |
| 1. Entity Name<br><b>LAFAYETTE COUNTY COMMUNITY DEVELOPMENT<br/>FINANCIAL INSTITUTION, INC.</b> |  |   |

40069489



|   |  |
|---|--|
| Principal Place of Business<br><b>1010 E. MEMORIAL BLVD<br/>LAKELAND, FL 33801 US</b> | Mailing Address<br><b>P.O. BOX 816<br/>MAYO, FL 32066 US</b> |
|---|--|

|                                |         |                     |         |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         |
| City & State                   |         | City & State        |         |
| Zip                            | Country | Zip                 | Country |

04192006 Chg-NP CR2E037 (11/05)

|  |  |
|--|--|
| 4. FEI Number<br><b>APPLIED FOR 87-0744858</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|--|--|

|   |   |
|---|---|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75 Additional<br/>Fee Required</b> |
|---|---|

|   |  |  |             |
|---|--|--|-------------|
| 6. Name and Address of Current Registered Agent                     |  | 7. Name and Address of New Registered Agent        |             |
| <b>YOUNG, PHIL<br/>1976 VISTA VIEW DRIVE<br/>LAKELAND, FL 33813</b> |  | 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 re-registering) | DATE |
|-----------|---|------|

|   |   |  |  |
|---|---|--|--|
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2006</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> | <b>\$5.00 May Be<br/>Added to Fees</b> | <b>Make check payable to<br/>Florida Department of State</b> |
|---|---|--|--|

| 10. OFFICERS AND DIRECTORS                     |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |  |
|--|---|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>SHIVE, DAVE<br>6374 ALAMANDA HILLS PLACE<br>LAKELAND, FL 33813 <input type="checkbox"/> Delete       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | S<br>HALLER, SHARON<br>6330 ASHLEY DRIVE<br>LAKELAND, FL 33813 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | S Joy Cheatham<br>342 Timberly Lane<br>Lakeland, FL 33810 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | T<br>THE NCT GROUP CPAS, LLP<br>P.O. BOX 1076<br>LAKELAND, FL 33802 <input type="checkbox"/> Delete       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>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: <i>Joy Cheatham, Secretary</i> | Date: <i>4/25/06</i> | Daytime Phone #: <i>863 608-8800</i> |
|---|----------------------|--------------------------------------|