

# 2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N03000007382

FILED  
May 04, 2005  
Secretary of State

**Entity Name:** PUTNAM COUNTY COMMUNITY DEVELOPMENT FINANCIAL INSTITUTION, INC.

**Current Principal Place of Business:**

6630 CORAL COVE DRIVE  
ORLANDO, FL 32818

**New Principal Place of Business:**

9836 MARSH POINTE DR  
ORLANDO, FL 32832

**Current Mailing Address:**

6630 CORAL COVE DRIVE  
ORLANDO, FL 32818

**New Mailing Address:**

9836 MARSH POINTE DR  
ORLANDO, FL 32832

**FEI Number:** 59-3796310      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
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:**

HARDY, ANTHONY  
6630 CORAL COVE DRIVE  
ORLANDO, FL 32818      US

**Name and Address of New Registered Agent:**

JENKINS, LESLEY M PRESIDE  
9836 MARSH POINTE DR  
ORLANDO, FL 32832      US

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: LESLEY M JENKINS

05/04/2005

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P      ( ) Delete  
Name: HARDY, ANTHONY  
Address: 6630 CORAL COVE DRIVE  
City-St-Zip: ORLANDO, FL 32818

Title:      ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PRES      (X) Change ( ) Addition  
Name: JENKINS, LESLEY M  
Address: 9836 MARSH POINTE DR  
City-St-Zip: ORLANDO, FL 32832

Title: SEC      ( ) Change (X) Addition  
Name: JENKINS, BARBARA A  
Address: 9836 MARSH POINTE DR  
City-St-Zip: ORLANDO, FL 32832

Title: TREA      ( ) Change (X) Addition  
Name: JENKINS, BARBARA A  
Address: 9836 MARSH POINTE DR  
City-St-Zip: ORLANDO, FL 32832

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: LESLEY M JENKINS

PRES

05/04/2005

Electronic Signature of Signing Officer or Director

Date