2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 08, 2004 8:00 am
Secretary of State
07-08-2004 90101 016 ****61.25

54060699

MOORE CR2E037 (11/03)

DOCUMENT # N03000007383

1. Entity Name
GADSDEN COUNTY COMMUNITY DEVELOPMENT FINANCIAL INSTITUTION, INC.

Principal Place of Business	Mailing Address
[redacted] 111 NE M.L.K JR BLVD BOYNTON BCH FL 33435	[redacted]

2. Principal Place of Business	3. Mailing Address
111 NE M.L.K JR BLVD	111 NE M.L.K JR BLVD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: BOYNTON BEACH FLA	City & State: BOYNTON BEACH FLA
Zip: 33435 Country: USA	Zip: 33435 Country: USA

4. FEI Number: 650856727 — ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GLENN LYONS
111 NE M.L.K JR BLVD
BOYNTON BEACH FLA 33435

7. Name and Address of New Registered Agent

Name: GLENN LYONS
Street Address (P.O. Box Number is Not Acceptable): 2190 NE 1ST LANE *Home
City: BOYNTON BEACH FL Zip Code: 33435

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: Glenn Lyons DATE: 7-5-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25 Due By May 1, 2004

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD [redacted] ☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Persident GLENN LYONS 2190 NE 1ST LANE BOYNTON BEACH FLA 33435 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify 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 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.

561-436-8554

SIGNATURE: Glenn Lyons 07-05-04 (561) 364-8554
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #