

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 17, 2005 8:00 am
Secretary of State

02-17-2005 90027 029 ****70.00

DOCUMENT # N03000007383

1. Entity Name

**GADSDEN COUNTY COMMUNITY DEVELOPMENT
FINANCIAL INSTITUTION, INC.**



Principal Place of Business

111 NE M.L.K. JR. BLVD
BOYNTON BEACH FL 33435

Mailing Address

111 NE M.L.K. JR. BLVD
BOYNTON BEACH FL 33435

20012072



1st MOORE

CR2E037 (10/04)

2. Principal Place of Business

3. Mailing Address

111 NE M.L.K. JR. BLVD
Suite, Apt. #, etc.

111 NE M.L.K. JR. BLVD
Suite, Apt. #, etc.

City & State

BOYNTON BEACH

City & State

BOYNTON BEACH

4. FEI Number

65-0856727

Applied For

Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional
Fee Required**

Zip

33435

Country

PALM BEACH

Zip

33435

Country

PALM BEACH

6. Name and Address of Current Registered Agent

LYONS, GLENN
2190 NE 1ST LANE
BOYNTON BEACH FL 33435

7. Name and Address of New Registered Agent

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 reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2005**

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
LYONS, GLENN
2190 NE 1ST LANE
BOYNTON BEACH FL 33435

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
LYONS, DOROTHY A
2190 NE 1ST LN
BOYNTON BEACH FL 33435

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
DAVIS LYONS LINDA
2671 NE FIRST STREET
BOYNTON BEACH FL 33435

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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.

SIGNATURE:

Glenn Lyons

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-013-05

Date

561-737-5959

561-737-5959

Daytime Phone #