

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 10, 2006 8:00 am
Secretary of State

05-10-2006 90092 023 ****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

2. Principal Place of Business

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

3. Mailing Address

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

City & State

Boynton Beach FL

City & State

Boynton Beach

Zip
33435

Country US
PALM BEACH

Zip
33435

Country US
PALM BEACH

4. FEI Number

65-0856727

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

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

Glenn Lyons Glenn Lyons

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4-17-06

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Glenn Lyons

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #