

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000007383

**FILED**  
**Feb 26, 2010**  
**Secretary of State**

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

**Current Principal Place of Business:**

111 NE M.L.K.J. BLVD  
BOYNTON BEACH, FL 33435

**New Principal Place of Business:**

**Current Mailing Address:**

215 N.W. 8TH AVE  
BOYNTON BEACH, FL 33435

**New Mailing Address:**

**FEI Number:** 65-0856727

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

LYONS, GLENN  
215 N.W. 8TH AVE  
BOYNTON BEACH, FL 33435 US

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

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** LYONS, GLENN  
**Address:** 215 N.W. 8TH AVE  
**City-St-Zip:** BOYNTON BEACH, FL 33435

**Title:** SD  
**Name:** LYONS, DOROTHY A  
**Address:** 215 N.W. 8TH AVE  
**City-St-Zip:** BOYNTON BEACH, FL 33435

**Title:** SD  
**Name:** DAVIS LYONS, LINDA  
**Address:** 2671 NE FIRST STREET  
**City-St-Zip:** BOYNTON BEACH, FL 33435

I hereby 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 all other like empowered.

**SIGNATURE:** GLENN LYONS

OWNE

02/26/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date