2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000007385

FILED May 09, 2005 Secretary of State

Entity Name: CALHOUN COUNTY COMMUNITY DEVELOPMENT FINANCIAL INSTITUTION, INC.

Current Principal Place of Business: New Principal Place of Business:

223 S BOYD ST 1010 E MEMORIAL BLVD WINTER GARDEN, FL 34787 LAKELAND, FL 33801 US

Current Mailing Address: New Mailing Address:

223 S BOYD ST P.O. BOX 435

WINTER GARDEN, FL 34787 BLOUNTSTOWN, FL 32424 US

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired (X)

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: Name and Address of New Registered Agent:

VANDERWALT, TOBLE YOUNG, PHIL

223 S BOYD ST 1976 VIŚTA VIEW DRIVE WINTER GARDEN, FL 34787 US LAKELAND, FL 33813 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: PHIL YOUNG 05/09/2005

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: P () Delete Title: P (X) Change () Addition

 Name:
 VANDERWALT, TOBLE
 Name:
 BROWN, ROBIN

 Address:
 223 S BOYD ST
 Address:
 4239 LIVE OAK ROAD

 City-St-Zip:
 WINTER GARDEN, FL 34787
 City-St-Zip:
 LAKELAND, FL 33813 US

Title: T () Delete Title: S (X) Change () Addition

Name: VAUGHN, LES Name: YOUNG, JANET

Address: 585 SOUTH RONALD REAGAN BLVD., STE 121 Address: 1976 VISTA VIEW DRIVE City-St-Zip: LONGWOOD, FL 32750 City-St-Zip: LAKELAND, FL 33813 US

Title: S () Delete Title: T (X) Change () Addition
Name: VANDERWALT, MARILIZE Name: THE NCT GROUP CPAS,, LLP

Address: 223 SO. BOYD ST. Address: P.O. BOX 1976

City-St-Zip: WINTER GARDEN, FL 34787 City-St-Zip: LAKELAND, FL 33802 US

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: PHIL YOUNG RA 05/09/2005