## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N03000007388

FILED May 09, 2005 Secretary of State

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

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

P.O. BOX 751 1010 E. MEMORIAL BLVD OAKLAND, FL 34787 LAKELAND, FL 33801

**Current Mailing Address: New Mailing Address:** 

P.O. BOX 751 P.O. BOX 686

CHIPLEY, FL 324280686 US OAKLAND, FL 34787

FFI 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:

BRALAND, BRAD YOUNG, PHIL

221 S BOYD ST 1976 VISTA VIEW DRIVE WINTER GARDEN, FL 34787 US LAKELAND, FL 33813

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:

(X) Change ( ) Addition () Delete

MCCLAMMA, DAVID BRALAND, BRAD Name: Name: 221 S BOYD ST Address: 605 ORIOLE DRIVE Address: City-St-Zip: WINTER GARDEN, FL 34787 City-St-Zip: LAKELAND, FL 33803 US

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

HONARD, VINCENT T Name: Name: BROWN, KERRY

Address: 585 S RONALD REAGAN BLVD STE 121 Address: 10 HOLLINGSWORTH DRIVE, #207

City-St-Zip: LONGWOOD, FL 32750 City-St-Zip: LAKELAND, FL 33801 US

Title: () Delete Title: (X) Change ( ) Addition MASON, BRIDGET Name: THE NCT GROUP CPAS,, LLP Name:

1920 WOODWARD ST P.O. BOX 1076 Address: Address:

City-St-Zip: ORLANDO, FL 32803 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 RΑ 05/09/2005