


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2006 8:00 am**  
**Secretary of State**

04-28-2006 90174 007 \*\*\*\*61.25

<b>DOCUMENT # N03000007388</b> 1. Entity Name <b>WASHINGTON COUNTY COMMUNITY DEVELOPMENT FINANCIAL INSTITUTION, INC.</b>					
Principal Place of Business <b>1010 E. MEMORIAL BLVD LAKELAND, FL 33801</b>			Mailing Address <b>P.O. BOX 686 CHIPLEY, FL 32428-0686 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>YOUNG, PHIL 1976 VISTA VIEW DRIVE LAKELAND, FL 33813</b>				Name <b>Joy Cheatham</b> Street Address (P.O. Box Number is Not Acceptable) <b>3142 Timberly Lane</b> City <b>Lakeland</b> <b>FL</b> Zip Code <b>33810</b>	
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 <b>Joy Cheatham</b> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				<b>4/26/2006</b> <small>DATE</small>	
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>MCCLAMMA, DAVID</b>		NAME		
STREET ADDRESS	<b>605 ORIOLE DRIVE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>LAKELAND, FL 33803</b>		CITY-ST-ZIP		
TITLE	S <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>BROWN, KERRY</b>		NAME		
STREET ADDRESS	<b>10 HOLLINGSWORTH DRIVE, #207</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>LAKELAND, FL 33801</b>		CITY-ST-ZIP		
TITLE	T <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>THE NCT GROUP CPAS, LLP</b>		NAME		
STREET ADDRESS	<b>P.O. BOX 1076</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>LAKELAND, FL 33802</b>		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 and all other like empowered.					
SIGNATURE: <b>[Signature]</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>President 4/26/06 863-682-0163</b> <small>Date Daytime Phone #</small>		