

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

N03000007391

DOCUMENT # N03000007391

1. Entity Name

TAYLOR COUNTY COMMUNITY DEVELOPMENT FINANCIAL
INSTITUTION, INC.



FILED

04 JUN -7 PM 12:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
2215 RAVENALL AVE
ORLANDO FL 32811

Mailing Address
2215 RAVENALL AVE
ORLANDO FL 32811

2. Principal Place of Business

3. Mailing Address



MOORE CR2E037 (11/03)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

41-2138725

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VICKSON, DOLLIE
2215 RAVENALL AVE
ORLANDO FL 32811

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE -
NAME
STREET ADDRESS
CITY - ST - ZIP
VICKSON, DOLLIE
2215 RAVENALL AVE
ORLANDO FL 32811

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
900033976109
04/26/04--01070--002 **367.50

☐ Change ☐ Addition

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 I am empowered.

SIGNATURE:

Dollie Vickson

7/26/04

407-428-9229

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #