2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2009
Secretary of State

DOCUMENT# N06000000983

Entity Name: FRANKLIN COUNTY COMMUNITY DEVELOPMENT AND LAND TRUST CORPORATION

Current Principal Place of Business:

29 AVENUE E
APALACHICOLA, FL 32320 US

New Principal Place of Business:

248 U S HWY 98
EASTPOINT, FL 32328 US

Current Mailing Address:

P O BOX 801
APALACHICOLA, FL 32303 US

New Mailing Address:

P O BOX 801
APALACHICOLA, FL 32329 US

FEI Number: 20-4329498 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CABAGNOT, ROCKY M
2119 DELTA BLVD
TALLAHASSEE, FL 32303 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: C ( ) Delete
Name: ROSIER, DAN
Address: 127 LARRY DRIVE
City-St-Zip: CARRABELLE, FL 32322 US

Title: VC ( ) Delete
Name: KELLY, MEL
Address: P.O. BOX 913
City-St-Zip: CARRABELLE, FL 32322 US

Title: SEC ( ) Delete
Name: SINK, JOHN D
Address: 112 LAS BRISAS WAY
City-St-Zip: EASTPOINT, FL 32328 US

Title: TRES ( ) Delete
Name: BUTLER, CLIFF
Address: P.O. BOX 488
City-St-Zip: APALACHICOLA, FL 32329 US

Title: D ( ) Delete
Name: CONNORS, ROBERT
Address: 28 7TH STREET
City-St-Zip: APLACHICOLA, FL 32320 US

Title: D ( ) Delete
Name: MILLENDER, DALE
Address: P.O. BOX 456
City-St-Zip: CARRABELLE, FL 32322 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VC (X) Change ( ) Addition
Name: WATKINS, STEVE M III
Address: 41 COMMERCE ST
City-St-Zip: APALACHICOLA, FL 32320 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: SWITZER, LORI A
Address: P O BOX 722
City-St-Zip: APALACHICOLA, FL 32329 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: CLIFF BUTLER TRES 04/21/2009

Electronic Signature of Signing Officer or Director — Date