

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000000983

FILED  
Mar 15, 2011  
Secretary of State

**Entity Name:** FRANKLIN COUNTY COMMUNITY DEVELOPMENT AND LAND TRUST CORPORATION

**Current Principal Place of Business:**

248 U S HWY 98  
EASTPOINT, FL 32328 US

**New Principal Place of Business:**

192 14TH STREET  
APALACHICOLA, FL 32320 US

**Current Mailing Address:**

P O BOX 801  
APALACHICOLA, FL 32329 US

**New Mailing Address:**

P O BOX 801  
EASTPOINT, FL 32328 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:**

BUTLER, CLIFF  
43 ISLAND DRIVE  
EASTPOINT, FL 32328 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: CLIFF BUTLER

03/15/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: C  
Name: ROSIER, DAN  
Address: 127 LARRY DRIVE  
City-St-Zip: CARRABELLE, FL 32322 US

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

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: CLIFF BUTLER

PT

03/15/2011

Electronic Signature of Signing Officer or Director

Date