

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000003904

Entity Name: ALLIED COMMUNITY TRUST, INC.

FILED  
Sep 03, 2004  
Secretary of State

## Current Principal Place of Business:

9280 129TH ROAD  
LIVE OAK, FL 32060

## New Principal Place of Business:

406 DUVAL STREET NE  
LIVE OAK, FL 32064

## Current Mailing Address:

P.O. BOX 216  
LIVE OAK, FL 320640216

## New Mailing Address:

FEI Number: 59-3400408      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FOREST, TRACY A  
9280 129TH ROAD  
LIVE OAK, FL 32060      US

## Name and Address of New Registered Agent:

FOREST, TRACY A  
406 DUVAL STREET NE  
LIVE OAK, FL 32064      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: \_\_\_\_\_

09/03/2004

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: CD      ( ) Delete  
Name: FOREST, TRACY A  
Address: 1147 LUMSDEN TRACE CIR  
City-St-Zip: VALRICO, FL 33594

Title: SD      ( ) Delete  
Name: ROBINSON, SHERRY A  
Address: 6905 BROOKS ROAD  
City-St-Zip: HIGHLAND, MD 20777

Title: VD      ( ) Delete  
Name: ROBINSON, LORI M  
Address: 1274 OVINGTON RD  
City-St-Zip: JACKSONVILLE, FL 32216

Title: TD      ( ) Delete  
Name: FOREST, EDWARD F  
Address: 1147 LUMSDEN TRACE CIR  
City-St-Zip: VALRICO, FL 33594

Title: D      (X) Delete  
Name: YULEE, CASSANDRA P  
Address: 8239 105TH ROAD  
City-St-Zip: LIVE OAK, FL 32060

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: SD      (X) Change ( ) Addition  
Name: ROBINSON, SHERRY A  
Address: P. O. BOX 216  
City-St-Zip: LIVE OAK, FL 32064

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

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

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

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: TRACY A. FOREST

CD

09/03/2004

Electronic Signature of Signing Officer or Director

Date