

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000003904

FILED
Jul 18, 2005
Secretary of State

Entity Name: ALLIED COMMUNITY TRUST, INC.

Current Principal Place of Business:

406 DUVAL STREET NE
LIVE OAK, FL 32064

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 216
LIVE OAK, FL 320640216

New Mailing Address:

406 DUVAL STREET NE
LIVE OAK, FL 32064

FEI Number: 59-3400408 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

FOREST, TRACY A
406 DUVAL STREET NE
LIVE OAK, FL 32064 US

Name and Address of New Registered Agent:

FOREST, TRACY A
1147 LUMSDEN TRACE CIRCLE
VALRICO, FL 33594 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: TRACY A. FOREST

07/18/2005

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: P. O. BOX 216
City-St-Zip: LIVE OAK, FL 32064

Title: VD () Delete
Name: ROBINSON, LORI M
Address: 1274 OVERTON 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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: SD (X) Change () Addition
Name: ROBINSON, SHERRY A
Address: 1502 MENLO DRIVE NW
City-St-Zip: KENNESAW, GA 301526945

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

07/18/2005

Electronic Signature of Signing Officer or Director

Date