2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 31, 2008
Secretary of State

DOCUMENT# N96000003904

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:

406 DUVAL STREET NE
LIVE OAK, FL 32064

New Mailing Address:

FEI Number: 59-3400408 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
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
1147 LUMSDEN TRACE CIRCLE
VALRICO, FL 33594 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: CD ( ) Delete
Name: FOREST, TRACY A
Address: 1147 LUMSDEN TRACE CIR
City-St-Zip: VALRICO, FL 33594

Title: TD ( ) Delete
Name: ANDREWS, FREDERICK R
Address: 9280 129TH ROAD
City-St-Zip: LIVE OAK, FL 32060 US

Title: SD ( ) 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: TD (X) Change ( ) Addition
Name: ANDREWS, FREDERICK R
Address: 406 DUVAL STREET NE
City-St-Zip: LIVE OAK, FL 32064 US

Title: SD (X) Change ( ) Addition
Name: ANDREWS, FLORA L
Address: 406 DUVAL STREET NE
City-St-Zip: LIVE OAK, FL 32064 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: TRACY A. FOREST CD 07/31/2008

Electronic Signature of Signing Officer or Director — Date