

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 19, 2003 8:00 am**  
**Secretary of State**

06-19-2003 90042 019 \*\*\*\*70.00

**DOCUMENT # N96000003904**

1. Entity Name  
**ALLIED COMMUNITY TRUST, INC.**



Principal Place of Business  
**9280 129TH ROAD  
LIVE OAK FL 32060**

Mailing Address  
**P.O. BOX 216  
LIVE OAK FL 32064-0216**

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
Zip Country

City & State  
Zip Country

4. FEI Number **59-3400408**  
Applied For  
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

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

**7. Name and Address of New Registered Agent**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Tracy A. Forest* 6-17-03  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**Make Check Payable to  
Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD FOREST, TRACY A <del>9280 129TH ROAD</del> <del>LIVE OAK FL 32060</del>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ROBINSON, SHERRY A 6905 BROOKS ROAD HIGHLAND MD 20777	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ROBINSON, LORI M <del>5721 SW 16TH STREET</del> <del>PLANTATION FL 33317</del>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FOREST, EDWARD F <del>9280 129TH ROAD</del> <del>LIVE OAK FL 32060</del>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YULEE, CASSANDRA P 8239 105TH ROAD LIVE OAK FL 32060	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1147 LUMSDEN TRACE CIRCLE VALRICO, FL 33594</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1274 Ovington Road Jacksonville, FL 32216</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1147 LUMSDEN TRACE CIRCLE VALRICO, FL 33594</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Tracy A. Forest* 6-17-03 800-938-6298

CR2E037 (10/02)

ATTACHMENT

90140032

N96000003A04

*Allied Community Trust, Inc.*

P. O. Box 216, Live Oak, Florida 32064  
1-800-938-6298

June 17, 2003

Division of Corporations  
P. O. Box 1500  
Tallahassee, FL 32302-1500

Dear Representative,

Please find enclosed our 2003 UBR. Our small non-profit is governed completely by a volunteer Board of Directors. Due to the recent moves of three of our board members, including myself, the report was accidentally overlooked and not filed by the due date. Please let me know what additional fees may be required for the late filing. If you have any questions, I can be reached at the above number. I apologize for any inconvenience this may have caused in processing our annual registration information.

Regretfully,

*Tracy Forest*

Tracy Forest, Chairman  
Board of Directors