

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S36570** (7)
1. Corporation Name
FIRST BANK OF THE VILLAGES



Principal Place of Business Mailing Address
903 AVENIDA CENTRAL LADY LAKE FL 32159 US

3. Date Incorporated or Qualified **03/08/1991** 3a. Date of Last Report **04/26/1995**
4. FEI Number **59-3018034** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt #, etc 26 Suite, Apt #, etc
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ DATE: _____
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when re-registering)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	MORSE, H. G	
STREET ADDRESS	1100 MAIN STREET	
CITY-ST-ZIP	LADY LAKE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BURNSIED, R. DEWEY	
STREET ADDRESS	5549 BANANA POINT DRIVE	
CITY-ST-ZIP	OKAHUMPKA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SCHWARTZ, HAROLD S.	
STREET ADDRESS	1100 MAIN STREET	
CITY-ST-ZIP	LADY LAKE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BANCROFT, JOSEPH C.	
STREET ADDRESS	134 HARMONY LANE	
CITY-ST-ZIP	MCCOMB MS	
TITLE	DPC	<input type="checkbox"/> DELETE
NAME	STEWART, JOSEPH, JR.	
STREET ADDRESS	34415 KINGFISH STREET	
CITY-ST-ZIP	FRUITLAND PARK FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RINK, WESLEY W.	
STREET ADDRESS	523 GARRARD DRIVE	
CITY-ST-ZIP	TEMPLE TERRACE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	WISE, JOHN F	
13 STREET ADDRESS	12290 SW 16TH AVE	
14 CITY-ST-ZIP	OCALA FL 34476	
21 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	LEVINE, MICHAEL S	
23 STREET ADDRESS	33835 OVERTON DR	
24 CITY-ST-ZIP	LEESBURG FL 34788	
31 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	CROCKER, JANICE B	
33 STREET ADDRESS	903 AVENIDA CENTRAL	
34 CITY-ST-ZIP	LADY LAKE FL 32159	
41 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	HANEGAN, VICTORIA	
43 STREET ADDRESS	1100 MAIN STREET	
44 CITY-ST-ZIP	LADY LAKE FL 32159	
51 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	MCMILLAN, BENJAMIN	
53 STREET ADDRESS	903 AVENIDA CENTRAL	
54 CITY-ST-ZIP	LADY LAKE FL 32159	
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Joseph Stewart* **JOSEPH STEWART** Date: **6/20/96** Telephone: **352-753-9515**

CR2E034 (3/96)