FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -5 PM 2:26

DOCUMENT # **762916** **(5)**

1. Corporation Name
CENTRAL FLORIDA SAFE DEPOSIT ASSOCIATION, INC.

Principal Place of Business	Mailing Address
P.O. BOX 1000 WINTER PARK FL 32790	1211 ORANGE AVE. WINTER PARK FL 32789 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/19/1982
3a. Date of Last Report: 02/22/1994
4. FEI Number: 59-3165906 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 1211 ORANGE AVENUE	26 P.O. BOX 2369
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 WINTER PARK, FL	28 WINTER PARK, FL
24 Zip 32789 — 25 Country USA	29 Zip 32790-983 — 30 Country USA

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BRODNAX, JENNY 1211 ORANGE AVE. WINTER PARK FL 32789	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 signature required when reinstating.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☐ Change ☐ Addition
NAME	BRODNAX, JENNIFER	1.2 NAME	
STREET ADDRESS	1211 ORANGE AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL	1.4 CITY-ST-ZIP	
TITLE	S	2.1 TITLE	S — X Change ☐ Addition
NAME	MILLER, FAITH	2.2 NAME	PERRY, LOIS
STREET ADDRESS	1900 MCCOY ROAD	2.3 STREET ADDRESS	1030 SO. US HWY 1
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	ROCKLEDGE, FL 32955
TITLE	D	3.1 TITLE	VP — XX Change ☐ Addition
NAME	MESSEROFF, GLADYS	3.2 NAME	NEUTGENS, MARY
STREET ADDRESS	505 WEKIVA SPRINGS ROAD	3.3 STREET ADDRESS	1727 ORLANDO CENTRAL PARKWAY
CITY-ST-ZIP	LONGWOOD FL	3.4 CITY-ST-ZIP	ORLANDO, FL 32809
TITLE	D	4.1 TITLE	D — XX Change ☐ Addition
NAME	DOUGLAS, RACHEL	4.2 NAME	BLACKMON, AL
STREET ADDRESS	2315 EDGEWATER DR	4.3 STREET ADDRESS	801 STATE RD. 435 STE.2141
CITY-ST-ZIP	ORLANDO FL	4.4 CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	FOSTER, GEORGE	5.2 NAME	
STREET ADDRESS	1211 ORANGE AVENUE	5.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL	5.4 CITY-ST-ZIP	
TITLE	T	6.1 TITLE	☐ Change ☐ Addition
NAME	AUSTIN, BILLYE JO	6.2 NAME	
STREET ADDRESS	2831 MULFORD AVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	6.4 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)(i), 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: JENNIFER BRODNAX Jennifer F Brodnax Pres 3-30-95 407-645-1201
SIGNATURE AND TYPED OR PRINTED NAME OF MEMBER, OFFICER OR DIRECTOR — Date — Daytime Phone #

600371