

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 762916 (5)  
1. Corporation Name  
CENTRAL FLORIDA SAFE DEPOSIT ASSOCIATION, INC.



Principal Place of Business  
1211 ORANGE AVE  
WINTER PARK FL 32789  
US

Mailing Address  
PO BOX 2369  
WINTER PARK FL 32790  
US

3. Date Incorporated or Qualified 04/19/1982	3a. Date of Last Report 04/05/1995
4. FEI Number 59-3185906	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

BRODNAX, JENNY  
1211 ORANGE AVE.  
WINTER PARK FL 32789

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.	OFFICERS AND DIRECTORS
TITLE	P BRODNAX, JENNIFER 1211 ORANGE AVE WINTER PARK FL
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	S PERRY, LOIS 1030 S US HWY 1 ROCKLEDGE FL
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	VP NEUTGENS, MARY 1727 ORLANDO CENTRAL PKWY ORLANDO FL
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	D BLACKMON, AL 801 STATE ROAD 435 STE 2141 ALTAMONTE SPRINGS FL
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	D FOSTER, GEORGE 1211 ORANGE AVENUE WINTER PARK FL
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	T AUSTIN, BILLYE JO 2831 MULFORD AVE ORLANDO FL
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE	D BRODNAX, JENNIFER 1211 ORANGE AVE WINTER PARK, FL
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	1-VP PERRY, LOIS 1030 S US HWY 1 ROCKLEDGE, FL
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	P NEUTGENS, MARY 1727 ORLANDO CENTRAL PKWY ORLANDO, FL
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	2-VP BLACKMON, AL 801 STATE ROAD 435 STE 2141 ALTAMONTE SPRINGS, FL
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
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)(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:

*Billye Jo Austin*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BILLYE JO AUSTIN

1-29-96 407-645-1201

Date

Daytime Phone #

CR2E037 (12/95)