


FILE NOW: FILING FEE IS \$61.25

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Apr 15 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **762916** (5)  
1. Corporation Name  
**CENTRAL FLORIDA SAFE DEPOSIT ASSOCIATION, INC.**

Principal Place of Business <b>1211 ORANGE AVE WINTER PARK FL 32789 US</b>	Mailing Address <b>PO BOX 2369 WINTER PARK FL 32780 US</b>
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3. Date Incorporated or Qualified <b>04/19/1982</b>	
4. FEI Number <b>59-3185906</b>	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No
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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 <b>FL</b> 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BRODNAX, JENNIFER</b>	1.2 NAME	
STREET ADDRESS	<b>1211 ORANGE AVE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WINTER PARK FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>VP</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<b>VP</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PERRY, LOIS</b>	2.2 NAME	<b>PERRY, LOIS</b>
STREET ADDRESS	<b>1030 S US HWY 1</b>	2.3 STREET ADDRESS	<b>5073 RIVEREDGE DR</b>
CITY-ST-ZIP	<b>ROCKLEDGE FL</b>	2.4 CITY-ST-ZIP	<b>TITUSVILLE, FL</b>
TITLE	<b>P</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>OTT, MARY</b>	3.2 NAME	
STREET ADDRESS	<b>1727 ORLANDO CENTRAL PKWY</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ORLANDO FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ANONICK, BRUCE</b>	4.2 NAME	
STREET ADDRESS	<b>1200 WEBER ST.</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ALTAMONTE SPRINGS FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<b>D/T</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FOSTER, GEORGE</b>	5.2 NAME	<b>FOSTER, GEORGE</b>
STREET ADDRESS	<b>1211 ORANGE AVENUE</b>	5.3 STREET ADDRESS	<b>1316 NOBLE STREET</b>
CITY-ST-ZIP	<b>WINTER PARK FL</b>	5.4 CITY-ST-ZIP	<b>LONGWOOD, FL.</b>
TITLE	<b>T</b> <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>AUSTIN, BILLYE JO</b>	6.2 NAME	<b>GAMBLE, BRENDA</b>
STREET ADDRESS	<b>2831 MULFORD AVE</b>	6.3 STREET ADDRESS	<b>361 FAIRPORT BLVD</b>
CITY-ST-ZIP	<b>ORLANDO FL</b>	6.4 CITY-ST-ZIP	<b>SANFORD, FL</b>

14. 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 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:

*Mary M. Ott*

1-27-98 401-857-6328

CR2E037 (10/97)