FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 18 AM 9:06

DOCUMENT # **J83039** (4)

1. Corporation Name
FRIENDSHIP COMMUNITY BANK

Principal Place of Business	Mailing Address
8375 S.W. STATE ROAD 200 OCALA FL 34481-9604 US	8375 S.W. STATE ROAD 200 OCALA FL 34481-9604 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/31/1988
3a. Date of Last Report: 02/23/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26

4. FEI Number: 59-6892630 ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27

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

City & State — 23
City & State — 28

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

Zip — 24
Country — 25
Zip — 29
Country — 30

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

NOT REQUIRED
PURSUANT TO CHAPTER 607.034(2)
FLORIDA STATUTES

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City **FL** 05 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 _____
Signature, type or printed name of registered agent and title if applicable — DATE (Registered Agent's signature required when mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
11 TITLE	D	11 TITLE	D	☐ Change ☒ Addition
12 NAME	BARRETT, HUGH A.	12 NAME	ORLANDO, Margaret	
13 STREET ADDRESS	2831 LONG VIEW DR.	13 STREET ADDRESS	7454 SW State Road 200	
14 CITY-ST-ZIP	CLEARWATER FL	14 CITY-ST-ZIP	Ocala, FL 34481	
21 TITLE	D	21 TITLE	D	☐ Change ☒ Addition
22 NAME	CHAK, RONALD H.	22 NAME	WILKINSON, Michael	
23 STREET ADDRESS	1931 SW 62ND ST.	23 STREET ADDRESS	3300 SW 34th Ave., Ste 152	
24 CITY-ST-ZIP	OCALA FL	24 CITY-ST-ZIP	Ocala, FL 34474	
31 TITLE	PD	31 TITLE	PD	☒ Change ☐ Addition
32 NAME	CARINI, JOHN D.	32 NAME	CARINI, John D	
33 STREET ADDRESS	2365 EAGLE TRACE DR.	33 STREET ADDRESS	1235 SE 16th AVe	
34 CITY-ST-ZIP	KISSIMMEE FL	34 CITY-ST-ZIP	Ocala, FL 34471	
41 TITLE	CD	41 TITLE	V	☐ Change ☒ Addition
42 NAME	COLEN, KENNETH D.	42 NAME	ZIEGLER, Cynthia K.	
43 STREET ADDRESS	6600 SW 80TH AVE	43 STREET ADDRESS	5511 NE 20th Ave	
44 CITY-ST-ZIP	OCALA FL	44 CITY-ST-ZIP	Ocala, FL 34479	
51 TITLE	D	51 TITLE		☐ Change ☐ Addition
52 NAME	DITTMAN, MORRIS	52 NAME		
53 STREET ADDRESS	9840-R SW 88TH CT ROAD	53 STREET ADDRESS		
54 CITY-ST-ZIP	OCALA FL	54 CITY-ST-ZIP		
61 TITLE	D	61 TITLE		☐ Change ☐ Addition
62 NAME	DEVITO, JAMES A.	62 NAME		
63 STREET ADDRESS	5840 BALAO WAY	63 STREET ADDRESS		
64 CITY-ST-ZIP	ST. PETERSBURG BEACH FL	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)(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Cynthia K Ziegler VP/Cashier 1-12-95 (904) 854-2265
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Title — Date — Daytime Phone #

0353002 CP