FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **J83039** **(4)**

1. Corporation Name
FRIENDSHIP COMMUNITY BANK

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

Mailing Address
8375 S.W. STATE ROAD 200
OCALA FL 34481-9604
US

3. Date Incorporated or Qualified: **05/31/1988**
3a. Date of Last Report: **01/18/1995**

2. Principal Place of Business 21
Suite, Apt. #, etc. 22
City & State 23
Zip 24 Country 25

2a. Mailing Address 26
Suite, Apt. #, etc. 27
City & State 28
Zip 29 Country 30

4. FEI Number: **59-6892630** 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

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**
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 (Signature, type or print name of registered agent, and date signature) (NOTE: Registered Agent's signature required when filing) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	ORLANDO, MARGARET	
STREET ADDRESS	7454 SW STATE ROAD 200	
CITY-ST-ZIP	OCALA FL	
TITLE	D	☐ DELETE
NAME	WILKINSON, MICHAEL	
STREET ADDRESS	3300 SW 34TH AVE STE 152	
CITY-ST-ZIP	OCALA FL	
TITLE	PD	☐ DELETE
NAME	CARINI, JOHN D.	
STREET ADDRESS	1235 SE 18TH AVE	
CITY-ST-ZIP	OCALA FL	
TITLE	V	☐ DELETE
NAME	ZIEGLER, CYNTHIA K	
STREET ADDRESS	5511 NE 20TH AVE	
CITY-ST-ZIP	OCALA FL	
TITLE	D	☐ DELETE
NAME	DITTMAN, MORRIS	
STREET ADDRESS	9840-R SW 88TH CT ROAD	
CITY-ST-ZIP	OCALA FL	
TITLE	D	☐ DELETE
NAME	DEVITO, JAMES A.	
STREET ADDRESS	5840 BALAO WAY	
CITY-ST-ZIP	ST. PETERSBURG BEACH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	☐ Change ☒ Addition
1.2 NAME	BARRETT, HUGH A	
1.3 STREET ADDRESS	2831 LONG VIEW DR	
1.4 CITY-ST-ZIP	CLEARWATER, FL 34621	
2.1 TITLE	D	☐ Change ☒ Addition
2.2 NAME	CHAK, Ronald H.	
2.3 STREET ADDRESS	1931 SE 62ND ST	
2.4 CITY-ST-ZIP	OCALA, FL 34481	
3.1 TITLE	C	☐ Change ☒ Addition
3.2 NAME	COLEN, KENNETH D	
3.3 STREET ADDRESS	8700 SW 99TH ST	
3.4 CITY-ST-ZIP	OCALA, FL 34481	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-22-96 (352) 854-2265
Date Daytime Phone #