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Apr 17 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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 01/26/1996

| | | | | | | | |
|--------------------------------|--|------------------------|--|--|--|--------------------------------|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 4. FEI Number 59-6892630 | | Applied For Not Applicable | |
| 21 Suite, Apt. #, etc. | | 26 Suite, Apt. #, etc. | | 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 22 City & State | | 27 City & State | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 23 Zip | | 28 Zip | | 29 Country | | 30 Country | |
| 24 | | 25 | | 29 | | 30 | |

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

(NOTE: Registered Agent signature required when reappointing)

DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--------------------------|---|-----------------------|
| TITLE | D | 11 TITLE | D |
| NAME | ORLANDO, MARGARET | 12 NAME | ORLANDO, MARGARET |
| STREET ADDRESS | 7454 SW STATE ROAD 200 | 13 STREET ADDRESS | 9177 SW 91ST COURT |
| CITY - ST - ZIP | OCALA FL | 14 CITY - ST - ZIP | OCALA FL |
| TITLE | D | 21 TITLE | D |
| NAME | WILKINSON, MICHAEL | 22 NAME | DEVITO JAMES |
| STREET ADDRESS | 3300 SW 34TH AVE STE 152 | 23 STREET ADDRESS | 7243 BRYAN DAIRY RD |
| CITY - ST - ZIP | OCALA FL | 24 CITY - ST - ZIP | LARGO FL |
| TITLE | PD | 31 TITLE | D |
| NAME | CARINI, JOHN D. | 32 NAME | BARRETT HUGH A |
| STREET ADDRESS | 1235 SE 18TH AVE | 33 STREET ADDRESS | 2831 LONG VIEW DRIVE |
| CITY - ST - ZIP | OCALA FL | 34 CITY - ST - ZIP | CLEARWATER FL |
| TITLE | V | 41 TITLE | D |
| NAME | ZIEGLER, CYNTHIA K | 42 NAME | CHAK DR. RONALD H |
| STREET ADDRESS | 5511 NE 20TH AVE | 43 STREET ADDRESS | 1500 SE 59TH ST |
| CITY - ST - ZIP | OCALA FL | 44 CITY - ST - ZIP | OCALA FL |
| TITLE | D | 51 TITLE | D |
| NAME | DITTMAN, MORRIS | 52 NAME | COLEN KENNETH |
| STREET ADDRESS | 9840-R SW 88TH CT ROAD | 53 STREET ADDRESS | 6600 SW 80TH AVE |
| CITY - ST - ZIP | OCALA FL | 54 CITY - ST - ZIP | OCALA FL |
| TITLE | D | 61 TITLE | V |
| NAME | DEVITO, JAMES A. | 62 NAME | BINSTEAD GEORGE |
| STREET ADDRESS | 5840 BALAO WAY | 63 STREET ADDRESS | 2901 SW 41ST ST #1016 |
| CITY - ST - ZIP | ST. PETERSBURG BEACH FL | 64 CITY - ST - ZIP | OCALA FL |

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 607.034(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: Carol S. Busick 4/15/97 352-854-2265
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (9/96)

OFFICERS AND DIRECTORS
ADDITIONS CONTINUED FROM PRIOR PAGE

AVP
BUSICK CAROL
3823 NE 5TH ST
OCALA FL