

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
May 18 1998 8:00am  
Secretary of State

PROFIT 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 # **J83039** (4)  
1. Corporation Name  
**FRIENDSHIP COMMUNITY BANK**

Principal Place of Business <b>8375 S.W. STATE ROAD 200 OCALA FL 34481-8604 US</b>	Mailing Address <b>8375 S.W. STATE ROAD 200 OCALA FL 34481-8604 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>05/31/1988</b>	
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number <b>59-6892630</b>		Applied For <input type="checkbox"/> Not Applicable	
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
24. Country	29. Country	30. Country		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	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>NOT REQUIRED PURSUANT TO CHAPTER 607.034(2) FLORIDA STATUTES</b>		81. Name	
		82. Street Address (P.O. Box Number is Not Acceptable)	
		83. City	
		84. City	<b>FL</b>
		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 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	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ORLANDO, MARGARET</b>	1.2 NAME	<b>Barrett, Hugh</b>
STREET ADDRESS	<b>9177 SW 91ST CT</b>	1.3 STREET ADDRESS	<b>2831 Long View Drive</b>
CITY-ST-ZIP	<b>OCALA FL</b>	1.4 CITY-ST-ZIP	<b>Clearwater, FL 33761</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>WILKINSON, MICHAEL</b>	2.2 NAME	<b>Colen, Kenneth</b>
STREET ADDRESS	<b>3300 SW 34TH AVE STE 152</b>	2.3 STREET ADDRESS	<b>8700 SW 99th Street</b>
CITY-ST-ZIP	<b>OCALA FL</b>	2.4 CITY-ST-ZIP	<b>Ocala, FL 34481</b>
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>CARINI, JOHN D.</b>	3.2 NAME	<b>Chak, Dr. Ronal H.</b>
STREET ADDRESS	<b>1235 SE 18TH AVE</b>	3.3 STREET ADDRESS	<b>1500 SE 59th Street</b>
CITY-ST-ZIP	<b>OCALA FL</b>	3.4 CITY-ST-ZIP	<b>Ocala, FL 34480</b>
TITLE	<b>V</b> <input type="checkbox"/> DELETE	4.1 TITLE	<b>V</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BINSTEAD, GEORGE</b>	4.2 NAME	<b>Busick, Carol S.</b>
STREET ADDRESS	<b>2901 SW 41ST ST #1018</b>	4.3 STREET ADDRESS	<b>3823 NE 5th Street</b>
CITY-ST-ZIP	<b>OCALA FL</b>	4.4 CITY-ST-ZIP	<b>Ocala, FL 34470</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>DITTMAN, MORRIS</b>	5.2 NAME	<b>Winkler, Jean</b>
STREET ADDRESS	<b>9840-R SW 88TH CT ROAD</b>	5.3 STREET ADDRESS	<b>PO Box 1906</b>
CITY-ST-ZIP	<b>OCALA FL</b>	5.4 CITY-ST-ZIP	<b>Silver Springs, FL 34489</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6.1 TITLE	<b>O</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>DEVITO, JAMES A.</b>	6.2 NAME	<b>Anselmi, Kathy</b>
STREET ADDRESS	<b>7243 BRYAN DAIRY RD</b>	6.3 STREET ADDRESS	<b>1812 NE 3rd Street</b>
CITY-ST-ZIP	<b>LARGO FL</b>	6.4 CITY-ST-ZIP	<b>Ocala, FL 34470</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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

CR2E034 (10/97)