

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
-AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **J83039**

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

**FILED**  
**Jul 20, 1999 8:00 am**  
**Secretary of State**

07-20-1999 90022 043 \*\*\*550.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**05/31/1988**

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 owes the current year  
Intangible Personal Property. ☐ 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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BARRETT, HUGH	
STREET ADDRESS	2831 LONG VIEW DRIVE	
CITY-ST-ZIP	CLEARWATER FL 33761	
TITLE	D	<input type="checkbox"/> DELETE
NAME	COLEN, KENNETH	
STREET ADDRESS	8700 S W 99TH ST	
CITY-ST-ZIP	OCALA FL 34481	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CHAK, DR RONAL H	
STREET ADDRESS	1500 S E 59TH ST	
CITY-ST-ZIP	OCALA FL 34480	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BUSICK, CAROL S	
STREET ADDRESS	3823 NE 5TH STREET	
CITY-ST-ZIP	OCALA FL 34470	
TITLE	O	<input checked="" type="checkbox"/> DELETE
NAME	WINKLER, JEAN	
STREET ADDRESS	P O BOX 1906	
CITY-ST-ZIP	SILVER SPRINGS FL 34489	
TITLE	P	<input type="checkbox"/> DELETE
NAME	ANSELM, KATHY	
STREET ADDRESS	1812 NE 3RD STREET	
CITY-ST-ZIP	OCALA FL 34470	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D/O	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	CARINI, JOHN	
1.3 STREET ADDRESS	1236 SE 18th Street	
1.4 CITY-ST-ZIP	Ocala, FL 34471	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	DITTMAN, MORRIS	
2.3 STREET ADDRESS	9840-R SW 88th Ct Rd	
2.4 CITY-ST-ZIP	Ocala, FL 34481	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	DEVITO, JAMES	
3.3 STREET ADDRESS	7243 Bryan Dairy Rd	
3.4 CITY-ST-ZIP	Largo, FL 33777	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	ORLANDO, MARGARET	
4.3 STREET ADDRESS	7454 SW State Road 200	
4.4 CITY-ST-ZIP	Ocala, FL 34481	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	WILKINSON, MICHAEL	
5.3 STREET ADDRESS	3300 SW 34th Ave	
5.4 CITY-ST-ZIP	Ocala, FL 34474	
6.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	1904 SW 29th Terr	
6.3 STREET ADDRESS	Ocala, FL 34474	
6.4 CITY-ST-ZIP		

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.

SIGNATURE:

*Carol S. Busick*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/9/99

352-854-2265

Date

Daytime Phone #

CR2E034 (5/99)

0128738

~~581~~ 591837-90022-43  
J83039

OFFICERS AND DIRECTORS  
FRIENDSHIP COMMUNITY BANK

DOCUMENT #J83039

**ADD**

O

BINSTEAD, GEORGE  
5450 SW 82<sup>nd</sup> Lane  
Ocala, FL 34476

**ADD**

O

PEERY, J. MICHAEL  
19371 SW 95<sup>th</sup> Pl  
Dunnellon, FL 34432

**ADD**

O

SADLER, PAULA  
13573 SE 41<sup>st</sup> Ct  
Summerfield, FL 34491

**ADD**

O

MATLOCK, LINDA  
8225 SW 100<sup>th</sup> St Rd  
Ocala, FL 34481

**ADD**

D

BARRINEAU, REGINALD  
2550 SW 41<sup>st</sup> St  
Ocala, FL 34480