PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J83039

FRIENDSHIP COMMUNITY BANK

Principal Place of Business Mailing Address

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

DO N

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

07-20-1999 90022 043 ***550.00



US	US					DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualified		
						05/31/1988		
<u> </u>		LO MARIE A Address				4. FEI Number	Applied For	
	ace of Business	2a. Mailing Address						
21		26	6			59-6892630	Not Applicable	
Suite, Apt. i	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional	
22		27	27			5. Certificate of Status Desired	Fee Required	
City & State City & State			-			6. Election Campaign Financing	\$5.00 May Be	
─ , `	•	├	¬ · · · · · · · · · · · · · · · · · · ·			Trust Fund Contribution	Added to Fees	
23		28				- 	70000 10 1 000	
Zip	Country	Zip `	├	ountry		8. This corporation owes the current year	Yes No	
24	25	29	30			Intangible Personal Property.		
	9. Name and Address of Current	Registered Agent				10. Name and Address of New Registere	d Agent	
					81 Name			
NOT REQUIRED					A COLUMN (DO DO NO LOS INCLUSIONES DE LA COLUMN DE LA COL			
PURSUANT TO CHAPTER 607.034(2)				82	Street Add	dress (P.O. Box Number is Not Acceptable)	· ·	
			-					
FLO	RIDA STATUTES			83				
				04	City		85 Zip Code	
				84	City	F	I S 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 a	m familiar with, and accept the obligat	tions of, section 607.0505	, Florida S	tatutes			•	
	•	•						
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable.	(NOTE: Reg	istered Ag	ent signature re	quired when reinstating) DATE		
12.	OFFICERS AND		1:	3.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12	
TITLE	D	DELETE	. 11	TITLE		D/O	Change X Addition	
ì		[▼] DETE IE			1	CARINI, JOHN		
NAME	BARRETT, HUGH			NAME	1	1236 SE 18th Street		
STREET ADDRESS			1.3	1.0011121121121				
CITY-ST-ZIP	CLEARWATER FL 33761		1,4	CITY-ST-	ZiP (Ocala, FL 34471		
TITLE	D DELETE 2.1T		TITLE		D	Change XX Addition		
	COLEN, KENNETH			2.2 NAME I		DITTMAN, MORRIS		
NAME								
STREET ADDRESS	8700 S W 99TH ST		2.3 STREET ADDRESS		I	9840-R SW 88th Ct Rd		
CITY-ST-ZIP	OCALA FL 34481		2.4	2.4 CITY-ST-ZIP		Ocala, FL 34481		
TITLE			TITLE		D	Change XX Addition		
NAME	CHAK, DR RONAL H			NAME	-	DEVITO, JAMES		
			1		I	7243 Bryan Dairy Rd		
STREET ADDRESS	1500 S E 59TH ST		1					
CITY-ST-ZIP	OCALA FL 34480			CITY-ST-	ZIP .	Largo, FL 33777		
TITLE	V	☐ DELETE	4.1	TITLE]-]	D	Change X-X Addition	
NAME	BUSICK, CAROL \$		4.2	NAME		ORLANDO, MARGARET		
STREET ADDRESS	3823 NE 5TH STREET		43	STREET		7454 SW State Road 20	Λ	
					I		U	
CITY-ST-ZIP	OCALA FL 34470			CITY-ST-		Ocala, FL 34481		
TITLE	0	DELETE	5.1	TITLE	1 5	D	Change XX Addition	
NAME [WINKLER, JEAN		5.2	NAME	1	WILKINSON, MICHAEL		
STREET ADDRESS	P O BOX 1906		5.3	STREET	ADDRESS	3300 SW 34th Ave		
	SILVER SPRINGS FL 34489		1	CITY-ST-	I	Ocala, FL 34474		
CITY-ST-ZIP						UCaia, FL 344/4	7-1-1-1 Observed to 10 Observed to 1	
TITLE	Р	DELETE		TITLE			XX Change Addition	
NAME	ANSELMI, KATHY		6.2	NAME				
STREET ADDRESS	1812 NE 3RD STREET		6.3	STREET	ADDRESS :	1904 SW 29th Terr		
	······································				1 '	· - ·		

14. I hereby certify that the information supplied with this filling 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 phanged, or on an attachment with an address.

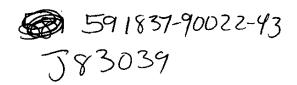
SIGNATURE:

ND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/9/99

352-854-2265

CR2E034 (5/99)



OFFICERS AND DIRECTORS FRIENDSHIP COMMUNITY BANK

DOCUMENT #J83039

ADD

O BINSTEAD, GEORGE 5450 SW 82nd Lane Ocala, FL 34476

ADD

O PEERY, J. MICHAEL 19371 SW 95th Pl Dunnellon, FL 34432

ADD

O SADLER, PAULA 13573 SE 41st Ct Summerfield, FL 34491

ADD

O MATLOCK, LINDA 8225 SW 100th St Rd Ocala, FL 34481

ADD

D BARRINEAU, REGINALD 2550 SW 41st St Ocala, FL 34480