

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # N11304 (5)**

1. Corporation Name

**NORTH CENTRAL FLORIDA SAFE DEPOSIT ASSOCIATION, INC.**

Principal Place of Business

211 E. SILVER SPINGS BLVD  
P. O. BOX 310  
OCALA FL 32670-5831

Mailing Address

PO BOX 310  
OCALA FL 32670-5831  
US



3. Date Incorporated or Qualified  
**09/26/1985**

3a. Date of Last Report  
**04/18/1995**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

4. FEI Number  
**59-2652319**

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

10. Name and Address of New Registered Agent

**COTTON, THERESA H  
3601 NE 58TH TERRACE  
SILVER SPRINGS FL 34478**

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 617.0502 and 617.1508, 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 617.0508, Florida Statutes.

SIGNATURE

*Theresa H Cotton*

*Theresa H Cotton*

**2-27-96**

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	P	<input type="checkbox"/> DELETE
NAME	COTTON, THERESA	
STREET ADDRESS	PO BOX 310 N/A	
CITY-ST-ZIP	OCALA FL	
TITLE	1VP	<input checked="" type="checkbox"/> DELETE
NAME	THIGPIN, JULIA	
STREET ADDRESS	PO BOX 310 N/A	
CITY-ST-ZIP	OCALA FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	<del>COBO, KATHY</del> PAM PENNYBACKER	
STREET ADDRESS	PO BOX 1929 NA/	
CITY-ST-ZIP	INVERNESS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	NOSCHES, JACKY	
STREET ADDRESS	PO BOX 310 N/A	
CITY-ST-ZIP	OCALA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	<del>PAGE, LESLIE</del> JULIA THIGPEN	
STREET ADDRESS	P.O. BOX 310 NA	
CITY-ST-ZIP	BEVERLY HILLS FL 34464	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CARROLL, EILEEN	
STREET ADDRESS	P.O. BOX 1569 NA	
CITY-ST-ZIP	INVERNESS FL 34451	

1.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	PAULINE M. RITTER	
1.3 STREET ADDRESS	P.O. BOX 1929	
1.4 CITY-ST-ZIP	INVERNESS FL 34451	
2.1 TITLE	1VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	MARY KAY O'HANLON	
2.3 STREET ADDRESS	P.O. BOX 1929	
2.4 CITY-ST-ZIP	INVERNESS, FL 34451	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Pauline M. Ritter* PAULINE M. RITTER 3-3-96 (352) 726-1221

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)