

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Aug 12 1997 8:00am
Secretary of State

DOCUMENT # N11304 (5)

1. Corporation Name

NORTH CENTRAL FLORIDA SAFE DEPOSIT ASSOCIATION,
INC.



Principal Place of Business Mailing Address
211 E. SILVER SPINGS BLVD PO BOX 310
P. O. BOX 310 Ocala FL 32670-5831
OCALA FL 32670-5831 US

DO NOT WRITE IN THIS SPACE

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
24 25 29 30 34478-0310

3. Date Incorporated or Qualified 09/26/1985 3a. Date of Last Report 03/06/1996
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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COTTON, THERESA H
3801 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 617.0503, Florida Statutes.

SIGNATURE Theresa H Cotton Theresa H Cotton 7/22/97
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 P COTTON, THERESA
NAME PO BOX 310 N/A
STREET ADDRESS Ocala FL
CITY-ST-ZIP
TITLE 1VP O'HANLON, MARY KAY
NAME P.O. BOX 1929
STREET ADDRESS INVERNESS FL
CITY-ST-ZIP
TITLE S PENNYBACKER, PAM
NAME PO BOX 1929 NA/
STREET ADDRESS INVERNESS FL
CITY-ST-ZIP
TITLE D NOSCHESSE, JACKY
NAME PO BOX 310 N/A
STREET ADDRESS Ocala FL
CITY-ST-ZIP
TITLE D THIGPEN, JULIA
NAME P.O. BOX 310 NA
STREET ADDRESS BEVERLY HILLS FL
CITY-ST-ZIP
TITLE D CARROLL, EILEEN
NAME P.O. BOX 1569 NA
STREET ADDRESS INVERNESS FL 34451
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS 203 E Silver Springs Blvd
1.4 CITY-ST-ZIP Ocala FL 34470
2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS PO BOX 1929 N/A
2.4 CITY-ST-ZIP
3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE Change Addition
4.2 NAME Linda Moore
4.3 STREET ADDRESS PO Box 310 N/A
4.4 CITY-ST-ZIP Ocala FL 34478-0310
5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS PO BOX 310 N/A
5.4 CITY-ST-ZIP Ocala FL 34478-0310
6.1 TITLE Change Addition
6.2 NAME Mary Romagelle
6.3 STREET ADDRESS PO BOX 15184 NA
6.4 CITY-ST-ZIP BROOKSVILLE FL 34609

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

SIGNATURE SIGNATURE REQUIRED 7/22/97 (352) 368-6254

CR2E037 (4/97)