

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 27 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Morahan</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N11304 (5)**  
1. Corporation Name  
**NORTH CENTRAL FLORIDA SAFE DEPOSIT ASSOCIATION, INC.**



Principal Place of Business <b>211 E. SILVER SPINGS BLVD P. O. BOX 310 OCALA FL 32670-0831</b>	Mailing Address <b>PO BOX 310 OCALA FL 34478-0310 US</b>
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3. Date Incorporated or Qualified <b>09/26/1985</b>
4. FEI Number <b>59-2652319</b>
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent <b>COTTON, THERESA H 3601 NE 58TH TERRACE SILVER SPRINGS FL 34478</b>	10. Name and Address of New Registered Agent
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code
	<b>FL</b>

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 DATE \_\_\_\_\_  
(NOTE: Registered Agent signature required when relating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>COTTON, TERHESA</b>	1.2 NAME	
STREET ADDRESS	<b>203 E SILVER SPRINGS BLVD</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>OCALA FL</b>	1.4 CITY-ST-ZIP	<b>34470</b>
TITLE	1VP <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<b>1st. VICE-PRESIDENT</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>O'HANLON, MARY KAY</b>	2.2 NAME	<b>JULIA THIGPEN</b>
STREET ADDRESS	<b>P O BOX 1929 N/A</b>	2.3 STREET ADDRESS	<b>203 E. SILVER SPRINGS BLVD</b>
CITY-ST-ZIP	<b>INVERNESS FL</b>	2.4 CITY-ST-ZIP	<b>OCALA, FL. 34470</b>
TITLE	S <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<b>SECRETARY</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>PENNYBACKER, PAM</b>	3.2 NAME	<b>MARY ROMAELLE</b>
STREET ADDRESS	<b>PO BOX 1929 N/A</b>	3.3 STREET ADDRESS	<b>3324 MUSTANG DR.</b>
CITY-ST-ZIP	<b>INVERNESS FL</b>	3.4 CITY-ST-ZIP	<b>BROOKSVILLE, FL. 34609</b>
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MOORE, LINDA</b>	4.2 NAME	<b>NA</b>
STREET ADDRESS	<b>PO BOX 310 N/A</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>OCALA FL</b>	4.4 CITY-ST-ZIP	<b>34478</b>
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<b>DIRECTOR</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>THIGPEN, JULIA</b>	5.2 NAME	<b>NATERA ALVAREZ</b>
STREET ADDRESS	<b>P.O. BOX 310 NA</b>	5.3 STREET ADDRESS	<b>PO BOX 1929</b>
CITY-ST-ZIP	<b>OCALA FL</b>	5.4 CITY-ST-ZIP	<b>INVERNESS, FL. 34451</b>
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<b>DIRECTOR</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ROMAELLE, MARY</b>	6.2 NAME	<b>SANDRA MCMILLAN</b>
STREET ADDRESS	<b>P O BOX 15184 N/A</b>	6.3 STREET ADDRESS	<b>P.O. BOX 310</b>
CITY-ST-ZIP	<b>BROOKSVILLE FL</b>	6.4 CITY-ST-ZIP	<b>OCALA, FL. 34478</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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or as an attachment with an address.

SIGNATURE Theresa H Cotton Theresa H Cotton 1-9-98 352 368-6254

CR2E037 (10/97)