

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Apr 19, 1999 8:00 am  
Secretary of State

04-19-1999 90056 002 \*\*\*150.00

DOCUMENT # P95000052576

1. Corporation Name  
COMMUNITY FINANCIAL CENTERS, INC.

Principal Place of Business  
270 S. TAMiami TRAIL  
VENICE FL 34285

Mailing Address  
270 S. TAMiami TRAIL  
VENICE FL 34285

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/03/1995

4. FEI Number

65-0593670

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 Tax.

Yes No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

9. Name and Address of Current Registered Agent

WHITE, WILLIAM R JR.  
915 TAMiami TRAIL SOUTH, SUITE Z  
NOKOMIS FL 34275

270 S. Tamiami Trail  
Venice, FL 34285

10. Name and Address of New Registered Agent

81 Name

Street Address (P.O. Box Number is Not Acceptable)

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 S-  
NAME WHITE, WILLIAM R JR  
STREET ADDRESS 915 TAMiami TRAIL SOUTH, SUITE Z  
CITY-ST-ZIP NOKOMIS FL

TITLE D  
NAME LUCK, JAMES S  
STREET ADDRESS 915 TAMiami TRAIL SOUTH, SUITE Z  
CITY-ST-ZIP NOKOMIS FL 34275

TITLE T  
NAME WHITE, WILLIAM R III  
STREET ADDRESS 915 TAMiami TRAIL SOUTH, SUITE Z  
CITY-ST-ZIP NOKOMIS FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
PS  
White, William R., Jr.  
270 S. Tamiami Trail  
Venice, FL 34285

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
T  
White, William R., III  
270 S. Tamiami Trail  
Venice, FL 34285

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
D  
Baldinger, Roger L.  
270 S. Tamiami Trail  
Venice, FL 34285

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
D  
Kondisko, Joseph R.  
270 S. Tamiami Trail  
Venice, FL 34285  
D  
Kondisko, Allana  
270 S. Tamiami Trail  
Venice, FL 34285

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP  
D  
McKelvey, William G., Jr.  
270 S. Tamiami Trail  
Venice, FL 34285  
D  
McKelvey, Jeanne W.  
270 S. Tamiami Trail  
Venice, FL 34285

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, with all other lines empowered.

SIGNATURE:

William R. White, Jr.  
SIGNATURE REQUIRED

4/9/99

941/484-6120

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0479882

CR2E034 (1/98)