

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

FILED
May 12 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S36570 (7)
 1. Corporation Name
FIRST BANK OF THE VILLAGES



Principal Place of Business 903 AVENIDA CENTRAL LADY LAKE FL 32159 US	Mailing Address 903 AVENIDA CENTRAL LADY LAKE FL 32159-5705 US
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3. Date Incorporated or Qualified 03/08/1991	3a. Date of Last Report 06/25/1996
4. FEI Number 59-3018034	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input 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 Country	28. Zip Country
24. Zip Country	29. Zip Country
25. Zip Country	30. Zip Country

9. Name and Address of Current Registered Agent

B1. Name
B2. Street Address (P.O. Box Number is Not Acceptable)
B3.
B4. City
B5. Zip Code

10. Name and Address of New Registered Agent

B1. Name
B2. Street Address (P.O. Box Number is Not Acceptable)
B3.
B4. City
B5. Zip Code

11. Pursuant to the provisions of Sections 607.0602 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 607.0605, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	WISE, JOHN F	
STREET ADDRESS	12290 SW 18TH AVE	
CITY-ST-ZIP	OCALA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LEVINE, MICHAEL S	
STREET ADDRESS	33835 OVERTON DR	
CITY-ST-ZIP	LEESBUKRG FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	CROCKER, JANICE B	
STREET ADDRESS	903 AVENIDA CENTRAL	
CITY-ST-ZIP	LADY LAKE FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	HANEGAN, VICTORIA	
STREET ADDRESS	1100 MAIN STREET	
CITY-ST-ZIP	LADY LAKE FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	MCILLIAN, BENJAMIN	
STREET ADDRESS	903 AVEIDA CENTRAL	
CITY-ST-ZIP	LADY LAKE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RINK, WESLEY W.	
STREET ADDRESS	523 GARRARD DRIVE	
CITY-ST-ZIP	TEMPLE TERRACE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D/C/P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	JOSEPH STEWART	
1.3 STREET ADDRESS	34415 KINGFISH ST	
1.4 CITY-ST-ZIP	FRUITLAND PARK FL 34731	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	R DEWEY BURNS	
2.3 STREET ADDRESS	1100 MAIN ST	
2.4 CITY-ST-ZIP	LADY LAKE FL 32159	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	H GARY MORSE	
3.3 STREET ADDRESS	1100 MAIN ST	
3.4 CITY-ST-ZIP	LADY LAKE FL 32159	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	MARK MORSE	
4.3 STREET ADDRESS	1100 MAIN ST	
4.4 CITY-ST-ZIP	LADY LAKE FL 32159	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	HAROLD S SCHWARTZ	
5.3 STREET ADDRESS	1100 MAIN ST	
5.4 CITY-ST-ZIP	LADY LAKE FL 32159	
6.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	FRANK DOBSON	
6.3 STREET ADDRESS	1129 MAIN ST	
6.4 CITY-ST-ZIP	LADY LAKE FL 32159	

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

SIGNATURE: *[Handwritten Signature]*

CR2E034 (9/96)

ADDITIONAL OFFICERS AND DIRECTORS OF FIRST BANK OF THE VILLAGES:

V

MARCIA SMITH
884 S DILLARD ST
WINTER GARDEN FL 34787

V

BETTY J STOUGH
903 AVENIDA CENTRAL
LADY LAKE FL 32159

V

MARGARET A BURKE
903 AVENIDA CENTRAL
LADY LAKE FL 32159