## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

Feb 11 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

757378

(5)

PAYMENT SYSTEMS FOR CREDIT UNIONS, INC.

ST PETERSBURG FL

CITY-ST-ZIP

Principal Place of Business Mailing Address **560 CARILLON PKWY** P.O. BOX31216 ST. PETE FL 33716 TAMPA FL 33631-3216 3. Date Incorporated or Qualified 3a. Date of Last Report 04/02/1981 04/24/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-1743434 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, 24 29 30 Yes No Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name SERLO, DAVID J 82 Street Address (P.O. Box Number is Not Acceptable) **580 CARILLON PKWY** 83 ST. PETE FL 33176 64 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE SD DELETE 1.1 TITLE Change \_\_\_ Addition NAME BARANOWSKI, ED 1.2 NAME 3075 ALAFAYA TRAIL #300 STREET ADDRESS 1.3 STREET ADDRESS **ORLANDO FL** CITY-ST-ZIP 1.4 CITY - ST- ZIP DELETE TITLE TD 2.1 TITLE Change Addition SHARP, LARRY NAME 2121 ND STREET -STREET ADDRESS 2.3 STREET ADDRESS 2121 North D. Street. SAN BERNARDINO CA CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE Change Addition NAME SHARP, LARRY 3.2 NAME **2121 N. D STREET** STREET ADDRESS 3.3 STREET ADDRESS SAN BERNARDINO CA CITY-ST-ZIP 34. CITY-ST-ZIP TITLE DELETE VCD 4.1 TITLE ☐ Change Addition YOKUM, JEAN 4. 2 NAME STREET ADDRESS 1055 W MERCURY BLVD 4.3 STREET ADDRESS **HAMPTON VA** CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE 5.1 TITLE Change Addition NAME: Walling, John T. 5.2 NAME STREET ADDRESS 101 S. BARRANCA 101 South BARRANCO 5.3 STREET ADDRESS **COVINA CA** CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE TITLE 6.1 TITLE Change Addition SMERLO, DAVID NAME DAVID 6.2 NAME SERLO **560 CARILLON PARKWAY** STREET ADDRESS **6.3 STREET ADDRESS** 

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.

6.4 CITY - ST - ZIP