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FILED
Apr 30 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # **P97000015603 (8)**

1. Corporation Name
CREDIT UNION 24, INCORPORATED

Principal Place of Business	Mailing Address
3773 COMMONWEALTH BOULEVARD TALLAHASSEE FL 32303	3773 COMMONWEALTH BOULEVARD TALLAHASSEE FL 32303

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/18/1997

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

4. FEI Number: 59--3486863 ☐ 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

PARK, JAMES H
3773 COMMONWEALTH BOULEVARD
TALLAHASSEE FL 32303

10. Name and Address of New Registered Agent

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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE

Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	C	☐ Change ☒ Addition
NAME	WEST, TERRY R		1.2 NAME	Cromer, Ray E.	
STREET ADDRESS	441 WESCONNETT BOULEVARD		1.3 STREET ADDRESS	440 N Monroe	
CITY-ST-ZIP	JACKSONVILLE FL 32210-7378		1.4 CITY-ST-ZIP	Tallahassee FL 32301	
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	SCOTT, R. LARRY		2.2 NAME		
STREET ADDRESS	2511 N.W. 41ST STREET		2.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL 32605		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	WERNICKE, PATRICIA L		3.2 NAME		
STREET ADDRESS	3695 NORTH L STREET		3.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL 32505		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	FISHER, ROBERT		4.2 NAME		
STREET ADDRESS	6701 DALE MABRY HIGHWAY SOUTH		4.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33611-5109		4.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	THOMAS, GREG		5.2 NAME		
STREET ADDRESS	20 SOUTH WICKHAM ROAD		5.3 STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE FL 32902-2470		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	COKER, PATRICIA		6.2 NAME		
STREET ADDRESS	206 HILLCREST STREET		6.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32801		6.4 CITY-ST-ZIP		

CR2E034 (10/97)

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.

SIGNATURE: _____ 4-29-98 (850) 576-8171