

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

FILED
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90041 050 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000015603

1. Corporation Name

CREDIT UNION 24, INCORPORATED



Principal Place of Business 3773 COMMONWEALTH BOULEVARD TALLAHASSEE FL 32303	Mailing Address 3773 COMMONWEALTH BOULEVARD TALLAHASSEE FL 32303
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DO NOT WRITE IN THIS SPACE

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	3. Date Incorporated or Qualified 02/18/1997 4. FEI Number 59-3486863 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required 6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees 8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No
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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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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.

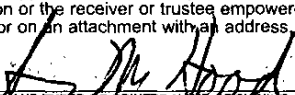
(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEST, TERRY R 441 WESCONNETT BOULEVARD JACKSONVILLE FL 32210-7378 ☒ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	D Cromer, Ray 440 N. Monroe St. Tallahassee FL 32301 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCOTT, R. LARRY 2511 N.W. 41ST STREET GAINESVILLE FL 32605 ☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WERNICKE, PATRICIA L 3695 NORTH L STREET PENSACOLA FL 32505 ☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FISHER, ROBERT 6701 DALE MABRY HIGHWAY SOUTH TAMPA FL 33611-5109 ☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	C ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMAS, GREG 20 SOUTH WICKHAM ROAD MELBOURNE FL 32902-2470 ☒ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	S/T Childress, Terry 1207 Fenwick Dr Lynchburg, VA 24505 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COKER, PATRICIA 206 HILLCREST STREET ORLANDO FL 32801 ☒ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	D Williams, Joe Dept 930, 1001 Virginia Ave Ste 200 Atlanta, GA 30354 ☐ Change ☒ Addition

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 like empowered.

SIGNATURE:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/99

Date

850-576-8171

Daytime Phone #

CR 014 11/98