2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 20, 2000 8:00 am
Secretary of State
01-20-2000 90108 003 ***150.00

DOCUMENT # P97000015603

1. Entity Name

CREDIT UNION 24, INCORPORATED

Principal Place of Business	Mailing Address
3773 COMMONWEALTH BOULEVARD TALLAHASSEE FL 32303	3773 COMMONWEALTH BOULEVARD TALLAHASSEE FL 32303-3175

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3486863 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

PARK, JAMES H
3773 COMMONWEALTH BOULEVARD
TALLAHASSEE FL 32303

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CROMER, RAY 440 N MONROE ST TALLAHASSEE FL 32301	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GUERRY, MANSEL 1400 Lakeover Road Jackson, MS 32986	☐ Change XX Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SCOTT, R. LARRY 2511 N.W. 41ST STREET GAINESVILLE FL 32605	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Jacobs, Larry 2735 Brookwood Drive Orange Park, Gl 32073	☐ Change XX Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WERNICKE, PATRICIA L 3695 NORTH L STREET PENSACOLA FL 32505	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VC	XX Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C FISHER, ROBERT 6701 DALE MABRY HIGHWAY SOUTH TAMPA FL 33611-5109	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/CEO Park, Jim 3773 Commonwealth Blvd Tallahassee, Fl. 32303	☐ Change XX Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST CHILDRESS, TERRY 1207 FENWICK DR LYNCHBURG VA 24505	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Ray, Jim 1879 North State Road 7 Lauderhill, Fl 33313	☐ Change XX Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WILLIAMS, JOE DEPT 930, 1001 VIRGINIA AVE STE 200 ATLANTA GA 30354	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (9/99)

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: James D. Park 1/13/00 850 576-8171
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #