

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000015603

Entity Name  
CREDIT UNION 24, INCORPORATED

**FILED**  
**Feb 20, 2002 8:00 am**  
**Secretary of State**

02-20-2002 90184 018 \*\*\*150.00

Principal Place of Business  
773 COMMONWEALTH BOULEVARD  
TALLAHASSEE FL 32303

Mailing Address  
3773 COMMONWEALTH BOULEVARD  
TALLAHASSEE FL 32303



DO NOT WRITE IN THIS SPACE

|                                  |         |                                                         |         |
|----------------------------------|---------|---------------------------------------------------------|---------|
| 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                                              |         |
| 5. Certificate of Status Desired |         | <input type="checkbox"/> \$8.75 Additional Fee Required |         |

|                                                                      |  |                                                                                |  |
|----------------------------------------------------------------------|--|--------------------------------------------------------------------------------|--|
| 6. Name and Address of Current Registered Agent                      |  | 7. Name and Address of New Registered Agent                                    |  |
| PARK, JAMES H<br>3773 COMMONWEALTH BOULEVARD<br>TALLAHASSEE FL 32303 |  | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City FL Zip Code |  |

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<br>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) |  | DATE                                                                                                          |  |
| This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>      |  | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |  |
| FILE NOW!!! FEE IS \$150.00<br>After May 1, 2002 Fee will be \$550.00<br>Make Check Payable to Department of State                                      |  |                                                                                                               |  |

|                                                                                                                                                                  |                                                                                                                                                                                                        |                                                                                                                                                                     |                                                                                                                                                             |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 11. OFFICERS AND DIRECTORS                                                                                                                                       |                                                                                                                                                                                                        | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                                                                               |                                                                                                                                                             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br>D<br>CROMER, RAY<br>440 N MONROE ST<br>TALLAHASSEE FL 32301<br><input checked="" type="checkbox"/> Delete      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br>D<br>JACOBS, LARRY<br>2735 BROOKWOOD DRIVE<br>ORANGE PARK, FL. 32073<br><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br>C<br>SCOTT, R. LARRY<br>2511 N.W. 41ST STREET<br>GAINESVILLE FL 32605<br><input type="checkbox"/> Delete          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br>D<br>WERNICKE, PATRICIA L<br>3695 NORTH L STREET<br>PENSACOLA FL 32505<br><input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br>D<br>FISHER, ROBERT<br>6701 DALE MABRY HIGHWAY SOUTH<br>TAMPA FL 33611-5109<br><input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br>VC<br>CHILDRESS, TERRY<br>1207 FENWICK DR<br>LYNCHBURG VA 24505<br><input type="checkbox"/> Delete                                                   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br>D<br>WILLIAMS, JOE<br>1025 VIRGINIA AVE DEPT 930 SUITE 200<br>ATLANTA GA 30354<br><input type="checkbox"/> Delete |                                                                                                                                                             |

3. 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:                                                         | Date | Daytime Phone # |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR |      |                 |

CR2E034 (9/01)

Attachment  
Doc # 47000015603 B0030434

**Credit Union 24, Incorporated**  
**Board of Directors**

**Terry Childress** (Vice Chairman)

Job Title: Vice President  
Company: Virginia Credit Union Services, Inc.  
Mailing Address: P.O. Box 11469 (24506)  
Street Address: 1207 Fenwick Drive (24505)  
City/State: Lynchburg, VA  
Term Expires: 2004

**Larry Scott** (Chairman)

Job Title: President/CEO  
Company: Campus USA Credit Union  
Mail Address: P.O. Box 147029 (32614-7029)  
Street Address: 2511 NW 41st Street (32605)  
City/State: Gainesville, FL  
Term Expires: 2004

**Bob Fisher**

Job Title: President/CEO  
Company: MacDill Federal Credit Union  
Mailing Address: P.O. Box 19100 (33686-9100)  
Street Address: 6701 Dale Mabry Hwy, S.  
City/State: Tampa, FL 33611-5109  
Term Expires: 2003

**Patti Wernicke** Job Title: President/CEO

Company: Escambia County Employees CU  
Mailing Address: 3695 North L Street  
Pensacola, FL 32505-5224  
Term Expires: 2004

**Mansel Guerry** (Secretary-Treasurer)

Job Title: Vice President  
Company: Mississippi Credit Union System  
Mailing Address: P.O. Box 9575 (39286-9575)  
Street Address: 1400 Lakeover Road  
City/State: Jackson, MS 39213  
Term Expires: 2002

**Joe Williams**

Job Title: President/CEO  
Company: Delta ECU  
Mailing Address: P.O. Box 20541(30320-2541)  
Street Address: Department 930,  
1001 Virginia Avenue, Suite 200 (30354-1328)  
City/State: Atlanta, GA  
Term Expires: 2003

**Larry Jacobs**

Job Title: Board of Directors,  
Company: Jax Navy FCU  
Mailing Address: 2735 Brookwood Drive  
City/State: Orange Park, FL 32073  
Term Expires: 2002

**President/CEO:**

**Jim Park**

Mailing Address: 2473 Care Dr. Ste 1  
Street Address: 2473 Care Dr. Ste 1.  
City/State: Tallahassee, FL 32308

**Jim Ray**

Job Title: President/CEO  
Company: Broward Schools CU  
Mailing Address: P. O. Box 8966 (33310-8966)  
Street Address: 1879 North State Road 7  
City/State: Lauderhill, FL 33313  
Term Expires: 2002

Updated: 1/10/02