

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 31, 2003 8:00 am**  
**Secretary of State**

01-31-2003 90147 032 \*\*\*150.00

**DOCUMENT # P97000015603**



1. Entity Name  
**CREDIT UNION 24, INCORPORATED**

Principal Place of Business  
**3773 COMMONWEALTH BOULEVARD  
TALLAHASSEE FL 32303**

Mailing Address  
**3773 COMMONWEALTH BOULEVARD  
TALLAHASSEE FL 32303**

20021919



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number **59-3486863**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PARK, JAMES H  
3773 COMMONWEALTH BOULEVARD  
TALLAHASSEE FL 32303**

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. I am familiar with, and accept the obligations of registered agent.

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-26-03 (850) 701-2894  
Date Daytime Phone #

CR2E034 (10/02)

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

*Attachments*

*2002 1919*

*# 07000015603*

**Terry Childress**

Job Title: Senior Vice President  
Company: Virginia Credit Union Services, Inc.  
Mailing Address: P.O. Box 11469 (24506)  
Street Address: 1207 Fenwick Drive  
City/State: Lynchburg, VA 24505  
Bus 1: (434) 237-9605  
Bus 2: (800) 768-3344 x605 (Mary Amex)  
Fax: (434) 239-8148 (Ext.630)  
E-mail: Term Expires: 2004

**Jane Watkins**

Job Title: President/CEO  
Company: Virginia Credit Union, Inc.  
Mail Address: P.O. Box 90010 (23225-9010)  
Street Address: 7500 Boulder View Drive  
City/State: Richmond, VA 23225  
Bus 1: (804) 560-5621  
Fax: (804) 323-2595  
E-mail: [jane.watkins@vacu.org](mailto:jane.watkins@vacu.org)  
Term Expires: 2003

**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  
Bus: (813) 837-2451 x2000  
Fax: (813) 832-3619  
E-mail: [fisherr@macdillfcu.org](mailto:fisherr@macdillfcu.org)  
Term Expires: 2003

**Patti Wernicke**

Job Title: President/CEO  
Company: Escambia County Employees CU  
Mailing Address: 3695 North L Street  
City/State: Pensacola, FL 32505-5224  
Bus: (850) 432-8371  
Fax: (850) 438-0455  
E-mail: [patti@ececuc.org](mailto:patti@ececuc.org)  
Term Expires: 2004

**Mansel Guerry (Secretary-Treasurer)**

Job Title: President/CEO  
Company: MESCE FCU  
Mailing Address: P.O. Box 573 (39205)  
Street Address: 1520 W Capitol St  
City/State: Jackson, MS 39203  
Bus: (601) 961-7497  
Fax: (601) 961-7590  
E-mail: [mguerry@att.net](mailto:mguerry@att.net)  
Term Expires: 2005

**Joe Williams (Vice Chairman)**

Job Title: President/CEO  
Company: Delta ECU  
Mailing Address: P.O. Box 20541(30320-2541)  
Street Address: Dept. 930, 1025 Virginia Avenue  
City/State: Atlanta, GA 30354  
Bus: (404) 677-4505  
Fax: (404) 677-4772  
E-mail: [joe.williams@decu.org](mailto:joe.williams@decu.org)  
Term Expires: 2003

**Larry Jacobs**

Job Title: Board of Directors,  
Company: VyStar Credit Union  
Mailing Address: 2735 Brookwood Drive  
City/State: Orange Park, FL 32073  
Home: (904) 264-7474  
Fax: (904) 269-8976  
E-mail: [jacobsl@vystarcu.org](mailto:jacobsl@vystarcu.org)  
Term Expires: 2005

**Larry Scott (Chairman) (Erica Cline)**

Job Title: President/CEO  
Company: Campus USA Credit Union  
Mail Address: P.O. Box 147029 (32614-7029)  
Street Address: 2511 NW 41st Street  
City/State: Gainesville, FL 32605  
Bus 1: (352) 335-1099  
Bus 2: (800) 367-6440 x1201  
Fax: (352) 335-1094  
E-mail: [lscott@campuscu.com](mailto:lscott@campuscu.com)  
Term Expires: 2004

**President/CEO:**

**Jim Park**

Street Address: 2473 Care Drive, Ste 1  
City/State: Tallahassee, FL 32308-4580  
Bus 1: (850) 701-2410  
Bus 2: (877) 570-2824  
Home: (850) 893-7555  
Mobile: (850) 566-6199  
Fax: (850) 701-2424  
E-mail: [jim.park@cu24.com](mailto:jim.park@cu24.com)