
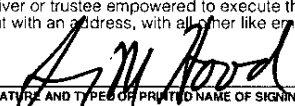


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 29, 2005 8:00 am**  
**Secretary of State**

07-29-2005 90013 039 \*\*\*150.00

<b>DOCUMENT # V66654</b> 1. Entity Name <b>FLORIDA CREDIT UNION SHARED SERVICES, INC.</b>					
Principal Place of Business <b>3773 COMMONWEALTH BLVD</b> <b>TALLAHASSEE, FL 32303 US</b>			Mailing Address <b>3773 COMMONWEALTH BLVD</b> <b>TALLAHASSEE, FL 32303 US</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-3167039</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>GARLAND, MARVIN M</b> <b>3773 COMMONWEALTH BLVD</b> <b>TALLAHASSEE, FL 32303</b>				7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C</b> <b>LECAIN, MARK</b> <b>1400 E PARK AVENUE</b> <b>TALLAHASSEE, FL</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C</b> <b>Melbourne Jr., Joseph</b> <b>1200 Weber Street</b> <b>Orlando, FL 32803-3334</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BLEACHER, BOB</b> <b>1981 WEST OAKLAND PARK BLVD</b> <b>FT LAUDERDALE, FL</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BLOUNT, GREG</b> <b>8000 NW 7TH STREET</b> <b>MIAMI, FL 33102</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VC</b> <b>BRADDOCK, WILLIAM</b> <b>9700 TOUCHTON RD</b> <b>JACKSONVILLE, FL 32246</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HOOD, GUY</b> <b>3773 COMMONWEALTH BLVD</b> <b>TALLAHASSEE, FL 32303</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>PRIOR, HENRY</b> <b>6450 W 21ST CT</b> <b>HIALEAH, FL 33016</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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.					
<b>SIGNATURE:</b> 			Date: <b>7/7/05</b>		
SIGNATURE AND TYPED NAME OF SIGNING OFFICER OR DIRECTOR					