

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000001852

Entity Name: NATIONAL COUNCIL OF FIREFIGHTER CREDIT UNIONS INC**Current Principal Place of Business:**3741 DEGARMO LANE
MIAMI, FL 33133**Current Mailing Address:**3741 DEGARMO LANE
MIAMI, FL 33133**FEI Number:** 27-2387106**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**FILINGS, INC.
3732 N.W. 16TH STREET
FT. LAUDERDALE, FL 33311-4132 US*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:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name TOBLER, MICHAEL R
Address 532 CENTRAL AV
City-State-Zip: ALBANY NY 12206

Title TREASURER
Name BENICK, EUGENE
Address 31 STEVENS RD
City-State-Zip: EDISON NJ 08817

Title DIRECTOR
Name JOHN, COWIN
Address 1944 BLENWOOD ST
City-State-Zip: SYRACUSE NY 13207

Title VP
Name SENSING, BONNIE
Address P.O. BOX 60567
City-State-Zip: NASHVILLE TN 37206

Title CHAIRMAN
Name MCCORMICK, MICHAEL
Address 8612 VILLA LA JOLLA DR # 6
City-State-Zip: SAN DIEGO CA 92037

Title EXECUTIVE DIRECTOR/CEO
Name SHEEHAN, GRANT J
Address 3741 DEGARMO LANE
City-State-Zip: MIAMI FL 33133

Title VP
Name LANTRIP, DAVID
Address 8054 HILLS PKW
City-State-Zip: HOUSTON TX 77316

Title SECRETARY
Name KURZEL, BRIAN
Address 2100 COMMONWEALTH AVENUE
City-State-Zip: CHARLOTTE NC 28205

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: GRANT SHEEHAN

CEO

01/24/2022

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name DOYLE, ANDY
Address 3741 DEGARMO LANE
City-State-Zip: MIAMI FL 33133

Title DIRECTOR
Name WILLIAMS, LINDA
Address 3741 DEGARMO LANE
City-State-Zip: MIAMI FL 33133