

2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000015603

Entity Name: CREDIT UNION 24, INCORPORATED**Current Principal Place of Business:**2252 KILLEARN CENTER BOULEVARD
SUITE 2A
TALLAHASSEE, FL 32309**Current Mailing Address:**PO BOX 14016
TALLAHASSEE, FL 32317 US**FEI Number:** 59-3486863**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**GUERRY, MANSEL C
2252 KILLEARN CENTER BLVD STE 2A
TALLAHASSEE, FL 32309 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:** MANSEL C GUERRY

03/23/2018

Electronic Signature of Registered Agent

Date

Officer/Director Detail :Title DIRECTOR
Name WOLLIN, DAN
Address 781 WILLARD DRIVE
City-State-Zip: GREEN BAY WI 54304Title DIRECTOR
Name SKAGGS, RICK
Address 13302 USF PALM DRIVE
City-State-Zip: TAMPA FL 33612Title DIRECTOR
Name HEAD, CHUCK
Address 3900 CROWN ROAD SW
City-State-Zip: ATLANTA GA 30304Title DIRECTOR
Name SMITH, JAMES B JR.
Address 6006 HWY 63
City-State-Zip: MOSS POINT MS 39563Title CEO
Name GUERRY, MANSEL C
Address 2120 KILLARNEY WAY
City-State-Zip: TALLAHASSEE FL 32309Title DIRECTOR
Name SWAN, DENISE
Address 2100 E EXCHANGE PL STE 101
City-State-Zip: TUCKER GA 30084Title DIRECTOR
Name STEENSMA, ROBERT
Address 411 NORTH FOSTER STREET
City-State-Zip: DOTHAN AL 36303Title DIRECTOR
Name PHILIPS, PAUL
Address 5240 VALLEYPARK DRIVE
City-State-Zip: ROANOKE VA 24019**Continues on page 2**

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MANSEL GUERRY

CEO

03/23/2018

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name KUCEY, JEANNE
Address 7900 OAK LANE
 300
City-State-Zip: MIAMI LAKES FL 33016

Title DIRECTOR
Name LEE, MIKE
Address 111 SOUTH HAWTHORNE STREET
City-State-Zip: ELGIN IL 60123