2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2017
Secretary of State
CC7204622319

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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 02/14/2017

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	DIRECTOR
Name	WOLLIN, DAN
Address	781 WILLARD DRIVE
City-State-Zip:	GREEN BAY WI 54304

Title	DIRECTOR
Name	SOUTHALL, DAVID A
Address	910 THOMAS DRIVE
City-State-Zip:	PANAMA CITY FL 32408

Title	CEO
Name	GUERRY, MANSEL C
Address	2120 KILLARNEY WAY
City-State-Zip:	TALLAHASSEE FL 32309

Title	DIRECTOR
Name	STEENSMA, ROBERT
Address	411 NORTH FOSTER STREET
City-State-Zip:	DOTHAN AL 36303

Title	DIRECTOR
Name	MOONEY, DAVID
Address	11545 W. TOUHY AVENUE
City-State-Zip:	CHICAGO IL 60666

Title	DIRECTOR
Name	SMITH, JAMES B JR.
Address	6006 HWY 63
City-State-Zip:	MOSS POINT MS 39563

Title	DIRECTOR
Name	SWAN, DENISE
Address	2100 E EXCHANGE PL STE 101
City-State-Zip:	TUCKER GA 30084

Title	DIRECTOR
Name	PHILIPS, PAUL
Address	5240 VALLEYPARK DRIVE
City-State-Zip:	ROANOKE VA 24019

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

SIGNATURE: MANSEL GUERRY PRESIDENT AND CEO 02/14/2017

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