	Electronic Signature of Registered Agent		Date			
Officer/Director Detail :						
Title	DIRECTOR	Title	DIRECTOR			
Name	ARMSTRONG, HENRY	Name	DOWNING, SHARON			
Address	1290 S. DONAHUE DRIVE	Address	3365 S. ALABAMA AVE.			
City-State-Zip:	AUBURN AL 36832	City-State-Zip:	MONROEVILLE AL 36460			
Title	PRESIDENT	Title	DIRECTOR			
Name	LA PINE, PATRICK	Name	WILLIAMS, TINA			
Address	3692 COOLIDGE CT	Address	3150 AIRPORT BLVD			
City-State-Zip:	TALLAHASSEE FL 32311	City-State-Zip:	MOBILE AL 36606			
Title	CHAIR ELECT	Title	CHAIR ELECT			
Name	SKAGGS, RICK	Name	AKIN, BRIAN			
Address	13302 USF PALM DRIVE	Address	22 INVERNESS CENTER PKWY STE 200			
City-State-Zip:	TAMPA FL 33612	City-State-Zip:	BIRMINGHAM AL 35242			
Title	DIRECTOR	Title	TREASURER			
Name	BRANCH, STACIE	Name	AKIN, BRIAN			
Address	22 INVERNESS CENTER PKWY STE 200	Address	22 INVERNESS CENTER PKWY STE 200			
City-State-Zip:	BIRMINGHAM AL 35242	City-State-Zip:	BIRMINGHAM AL 35242			

TALLAHASSEE, FL 32311 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.

# Name and Address of Current Registered Agent:

SCHWARTZ, STEVEN 3692 COOLIDGE CT

#### 2024 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT# F10000001438

Entity Name: LEAGUE OF SOUTHEASTERN CREDIT UNIONS, INC.

### **Current Principal Place of Business:**

22 INVERNESS CENTER PKWY STE 200 BIRMINGHAM, AL 35242

#### **Current Mailing Address:**

3692 COOLIDGE COURT TALLAHASSEE, FL 32311 US

SIGNATURE: STEVEN SCHWARTZ

### FEI Number: 94-3458406

## Certificate of Status Desired: No

Electronic Signature of Signing Officer/Director Detail

SIGNATURE: STEVEN JOHN SCHWARTZ

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.

Continues on page 2

CFO

04/02/2024

### FILED Apr 02, 2024 Secretary of State 9004497438CC

04/02/2024

Date

### **Officer/Director Detail Continued :**

Title	DIRECTOR	Title	DIRECTOR
Name	GREEN, BRAD	Name	BIBB, ROY
Address	22 INVERNESS CENTER PKWY STE 200	Address	22 INVERNESS CENTER PKWY STE 200
City-State-Zip:	BIRMINGHAM AL 35242	City-State-Zip:	BIRMINGHAM AL 35242
Title	CHAIR	Title	DIRECTOR
Name	HALTER, HANK	Name	LEGGETT, CHRIS
Address	22 INVERNESS CENTER PKWY STE 200	Address	22 INVERNESS CENTER PKWY STE
City-State-Zip:	BIRMINGHAM AL 35242	Address	200
<b>T</b> '0.	050	City-State-Zip:	BIRMINGHAM AL 35242
Title	CFO	Title	DIRECTOR
Name	SCHWARTZ, STEVEN	Name	PAGE, JAN
Address	3692 COOLIDGE COURT		,
City-State-Zip:	TALLAHASSEEE FL 32311	Address	3692 COOLIDGE COURT
Title	VICE-CHAIR	City-State-Zip:	TALLAHASSEE FL 32311
Name	ANISE, OLABODE	Title	SECRETARY
Address	3692 COOLIDGE COURT	Name	STEVE, MOSELEY
City-State-Zip:	TALLAHASSEE FL 32311	Address	3692 COOLIDGE COURT
ony onato zip.		City-State-Zip:	TALLAHASSEE FL 32311
Title	DIRECTOR		
Name	BOBBY, MICHAEL	Title	DIRECTOR
Address	3692 COOLIDGE COURT	Name	LAIWALLA, KABIR
City-State-Zip:	TALLAHASSEE FL 32311	Address	3692 COOLIDGE COURT
		City-State-Zip:	TALLAHASSEE FL 32311
Title	DIRECTOR		
Name	MILLER, DENELLE		
Address	3692 COOLIDGE COURT		

City-State-Zip: TALLAHASSEE FL 32311