FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 27 PM 4:15

DOCUMENT # 706504 (8)

1. Corporation Name
FLORIDA CREDIT UNION LEAGUE, INC.

Principal Place of Business	Mailing Address
3773 COMMONWEALTH BLVD. PO BOX 3108 TALLAHASSEE FL 32315-0108	3773 COMMONWEALTH BLVD. PO BOX 3108 TALLAHASSEE FL 32315-0108

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/04/1963
3a. Date of Last Report: 01/21/1994
4. FEI Number: 59-0246163 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

HOOD, GUY M.
3773 COMMONWEALTH BLVD.
TALLAHASSEE FL 32303

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~D~~	1.1 TITLE		☒ Change ☐ Addition
NAME	~~MCMURRAY, TIM~~	1.2 NAME		
STREET ADDRESS	~~5621 HARNEY RD.~~	1.3 STREET ADDRESS		
CITY-ST-ZIP	~~TAMPA FL~~	1.4 CITY-ST-ZIP		
TITLE	~~CD~~	2.1 TITLE	D	☒ Change ☐ Addition
NAME	ASHE, JANICE R	2.2 NAME		
STREET ADDRESS	6450 W 21ST CT	2.3 STREET ADDRESS		
CITY-ST-ZIP	HIALEAH FL	2.4 CITY-ST-ZIP		
TITLE	~~D~~	3.1 TITLE	C/D	☒ Change ☐ Addition
NAME	DEESE, JOHN	3.2 NAME		
STREET ADDRESS	3469 SUMMIT BLVD.	3.3 STREET ADDRESS		
CITY-ST-ZIP	W PALM BCH FL	3.4 CITY-ST-ZIP		
TITLE	P	4.1 TITLE		☐ Change ☐ Addition
NAME	HOOD, GUY M.	4.2 NAME		
STREET ADDRESS	3773 COMMONWEALTH BLVD.	4.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE, FL 00000	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	DOMINICK, ANTHONY	5.2 NAME		
STREET ADDRESS	10000 BAY PINES BLVD.	5.3 STREET ADDRESS		
CITY-ST-ZIP	BAY PINES FL	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE	D	☐ Change ☒ Addition
NAME		6.2 NAME	Maggie L. Martinez	
STREET ADDRESS		6.3 STREET ADDRESS	1207 NW 16th Street	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Miami FL 33125	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, added or deleted.

SIGNATURE: Guy M. Hood Guy M. Hood 1-18-95 576-8171
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0027714