FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

1. Corporation	on Name # 70650	4 (8)						
FLORI	DA CREDIT UNION LEAGUE	E, INC.						
Principal Place of Business		Malling Address	Mailing Address			# 818		
3773 COMMONWEALTH BLVD.		3773 COMMONWEALTH BLVD.						
PO BOX 310	08	PO BOX 3108	PO BOX 3108					
TALLAHASSEE FL 32315-0108 TALLAHASSEE F			32315-0108		3. Date Incorporated or Qualified	3. Date Incorporated or Qualified 3a. Date of Last Report		
A. Dubaniani D	Name of Davis				12/04/1963	01/27/1995		
2. Principal Place of Business		2a. Mailing Address			4. FEI Number	Applied For		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			59-0246163	Not Applicat		
22		27		5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State		City & State		6. Election Campaign Financing	\$5.00 May Pa			
23		28		Trust Fund Contribution	Added to Fees			
Z ip 24	Country 25	Zip 29	Countr	У	8. This corporation has liability for			
	9. Name and Address of Currer		30		Florida Statutes 10. Name and Address of New F	Yes No		
			81	Name		legistered Agent		
HOOD, GUY M.			82	Stroot	Address (P.O. Box Number is Not Acceptate	nla)		
3773 COMMONWEALTH BLVD.				Siree	Address II .O. Dox Number is Not Acceptat	ne;		
TALLAH	ASSEE FL 32303		83	1				
			84	City		85 Zip Code		
11. Pursuant	to the provisions of Sections 617 0502	and 617 1508. Florida Statuta	e the above	namod s	corporation submits this statement for the pu			
or register familiar wi	red agent, or both, in the State of Flori ith, and accept the obligations of, Sect	da. Such change was authorize	ed by the corp	oration's	corporation submits this statement for the pui s board of directors. I hereby accept the app	pose of changing its registered of ointment as registered agent. I am		
SIGNATURE	and decept the obligations of, coor	ion on .0000, nonda Statutes	•					
	Signature, typed or printed name of registered agent		TE: Registered Age	nt signature	required when reinstating)	DATE		
12.	OFFICERS AN	··· · · · · · · · · · · · · · · · · ·	13.		ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTORS IN 12		
NAME	D ACHE IANIOE D	[]DELETE	1.1 7ITLE			Change Addition		
STREET ADDRESS	ASHE, JANICE R 6450 W 21ST CT		1.2 NAME	T ADDDCCO				
CITY-ST-ZIP	HIALEAH FL		1.4 CITY	T ADDRESS				
TITLE	CD	DELETE	2.1 TITLE	31-ZIF		Change Addition		
NAME	DEESE, JOHN		2.2 NAME]	ET Outrigo ET Monitor		
STREET ADDRESS	3469 SUMMIT BLVD.		2.3 STREE	ADDRESS	İ			
CITY-ST-ZIP	W PALM BCH FL		2. 4 CITY-	ST-ZIP				
TITLE NAME	P COS OUR LA	DELETE	3.1 TITLE			☐ Change ☐ Addition		
STREET ADDRESS	HOOD, GUY M.		3.2 NAME					
CITY-ST-ZIP	3773 COMMONWEALTH BLVE TALLAHASSEE, FL 00000).	3.3 STREET					
TITLE	D	DELETE	3.4. CITY- 4.1 TITLE	SI-ZIP	D	Change Addition		
NAME	DOMINICK, ANTHONY		4. 2 NAME		Besknugune Bah	Change Addition		
STREET ADDRESS	10000 BAY PINES BLVD.		4.3 STREET	ADDRESS	1727 Orlando Central	Parkway		
CITY-ST-ZIP	BAY PINES FL		4.4 CITY - 9	IT-ZIP	Beskoucyne, Bob 1727 Orlando Central Orlando, FL 32	809		
TITLE	D	DELETE	5.1 TITLE			Change Addition		
NAME STREET ADVOCCO	MARTINEZ, MAGGIE L		5.2 NAME					
STREET ADDRESS CITY-ST-ZIP	1201 NW 16 STREET		5.3 STREET					
TITLE	MIAMI FL	DELETE	5.4 CITY - S 6.1 TITLE	1-ZIP		D Change D A 1997		
NAME			6.2 NAME			☐ Change ☐ Addition		
STREET ADDRESS			6.3 STREET	ADDRESS				
CITY-ST-ZIP			64 CITY-S	T. 71P				
 I do hereb certify that 	y certify that the information supplied with information indicated on this appli	vith this filing is voluntarily furnis	had and doe	n not our	alify for the exemption stated in Section 119.0 courate and that my signature shall have the)7(3)(k), Florida Statutes. I further		
					curate and that my signature shall have the e this report as required by Chapter 617, Flo			

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #