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Feb 10 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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 32315-01083773 COMMONWEALTH BLVD.
PO BOX 3108
TALLAHASSEE FL 32315-31083. Date Incorporated or Qualified
12/04/19633a. Date of Last Report
06/03/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

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30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 617.0502 and 617.1508, 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 617.0503, 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 ASHE, JANICE R
STREET ADDRESS 6450 W 21ST CT
CITY-ST-ZIP HIALEAH FL1.1 TITLE SD
1.2 NAME Van Horn, Paula
1.3 STREET ADDRESS 310 Dundas Drive
1.4 CITY-ST-ZIP Jacksonville FL 32218TITLE CD DEESE, JOHN
STREET ADDRESS 3469 SUMMIT BLVD.
CITY-ST-ZIP W PALM BCH FL2.1 TITLE CD
2.2 NAME Dominick, Anthony
2.3 STREET ADDRESS 10000 Bay Pines Blvd
2.4 CITY-ST-ZIP Bay Pines, FL 33504TITLE P HOOD, GUY M.
STREET ADDRESS 3773 COMMONWEALTH BLVD.
CITY-ST-ZIP TALLAHASSEE, FL 000003.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIPTITLE D BESKOUOYNE, BOB
STREET ADDRESS 1727 ORLANDO CENTRAL PARKWAY
CITY-ST-ZIP ORLANDO FL4.1 TITLE TD
4.2 NAME Beskovoyne, Bob
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE D MARTINEZ, MAGGIE L
STREET ADDRESS 1201 NW 16 STREET
CITY-ST-ZIP MIAMI FL5.1 TITLE VD
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing 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, or on an attachment with an address.

SIGNATURE:

Guy M. Hood, Pres/CEO

1/8/97

904-576-8171

CR2E037 (9/96)