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Mar 03 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA 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 32315-0108**

**3773 COMMONWEALTH BLVD.
PO BOX 3108
TALLAHASSEE FL 32315-0108**

3. Date Incorporated or Qualified

12/04/1963

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 **25**

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 **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

TITLE **SD** ☒ DELETE
NAME **VAN HORN, PAULA**
STREET ADDRESS **310 DUNDAS DR.**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **CD** ☒ DELETE
NAME **DOMINICK, ANTHONY**
STREET ADDRESS **10000 BAY PINES BLVD.**
CITY-ST-ZIP **BAY PINES FL**

TITLE **P** ☐ DELETE
NAME **HOOD, GUY M.**
STREET ADDRESS **3773 COMMONWEALTH BLVD.**
CITY-ST-ZIP **TALLAHASSEE, FL 00000**

TITLE **TD** ☐ DELETE
NAME **BESKOVYOYE, BOB**
STREET ADDRESS **1727 ORLANDO CENTRAL PARKWAY**
CITY-ST-ZIP **ORLANDO FL**

TITLE **VD** ☐ DELETE
NAME **MARTINEZ, MAGGIE L**
STREET ADDRESS **1201 NW 16 STREET**
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME **RO**
2.3 STREET ADDRESS **Randall J. Mims**
2.4 CITY-ST-ZIP **1530 Metropolitan Blvd.**
Tallahassee, FL 32308

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME **Beskovoyne**
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☒ Addition
6.2 NAME **SD**
6.3 STREET ADDRESS **Vance Bateman**
6.4 CITY-ST-ZIP **220 East Nine mile Rd**
Pensacola, FL 32534-3121

14. I 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

2-19-98

576-8171

CR2E037 (10/97)