

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2004 8:00 am
Secretary of State

02-06-2004 90031 043 ****61.25

DOCUMENT # 706504

1. Entity Name
FLORIDA CREDIT UNION LEAGUE, INC.



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

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01132004

Chg-NP

CR2E037 (10/03)

4. FEI Number
59-0246163

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CD
GARCIA, LAIDA
3333 HENDERSON BLVD
TAMPA, FL 33609** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CD
BLOUNT, GREG
8000 NW 7TH STREET
MIAMI, FL 33126** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
PRINCE, TRUDY
5545 S ORANGE AVENUE
ORLANDO, FL 32809** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
HIRABAYASHI, JOHN
637 NORTH LEE STREET
JACKSONVILLE, FL 32204** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
JORDAN, MELBA
PO BOX 2927
JACKSONVILLE, FL 32232** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
REYES, JACE
2190 NW 72ND AVENUE
MIAMI, FL 33122** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
BROOKS, CHRIS
1400 ROLLINGS OAKS DRIVE
MOLINO, FL 32577** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
WOOD, MARY
1225 MILLENNIUM PARKWAY
BRANDON, FL 33511** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
HIRABAYASHI, JOHN
637 N LEE ST
JACKSONVILLE, FL 32204** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
WOOD, MARY
1225 MILLENNIUM PARKWAY
BRANDON, FL 33511** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

94011608

