

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90256 034 ****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

DO NOT WRITE IN THIS SPACE

02272006 No Chg-NP CR2E037 (11/05)

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

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

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IN THIS SPACE**

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, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	CD
NAME	PRINCE, TRUDY
STREET ADDRESS	5545 SOUTH ORANGE AVE
CITY-ST-ZIP	ORLANDO, FL 32809
TITLE	VD Chairman-Elect
NAME	JORDAN, MELBA John Hirabayashi
STREET ADDRESS	401 WEST 1ST ST 637 N. Lee Street
CITY-ST-ZIP	JACKSONVILLE, FL 32204
TITLE	VD
NAME	ATKINS, WESLEY
STREET ADDRESS	1014 MARVIN AVE
CITY-ST-ZIP	PORT SAINT JOE, FL 32450
TITLE	T
NAME	BROOKS, CHRIS
STREET ADDRESS	1400 ROLLINGS OAKS DRIVE
CITY-ST-ZIP	MOLINO, FL 32577
TITLE	SD
NAME	WOOD, MARY
STREET ADDRESS	1225 MILLENNIUM PARKWAY
CITY-ST-ZIP	BRANDON, FL 33511
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Guy M. Hood
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-13-06

Date

Daytime Phone #