


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2008 8:00 am
Secretary of State

04-11-2008 90047 026 ****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



04072008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-0246163	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent HOOD, GUY M. 3773 COMMONWEALTH BLVD. TALLAHASSEE, FL 32303	DO NOT WRITE 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee Is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD HIRABAYASHI, JOHN 637 N LEE STREET JACKSONVILLE, FL 32204
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CE RICH, HELBER 711 E. HENDERSON AVE TAMPA, FL 33602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BROOKS, CHRIS <i>Brent Lister</i> 1400 ROLLINGS OAKS DRIVE <i>500 W. 1st ST</i> JACKSONVILLE, FL <i>JACKSONVILLE, FL</i> MOLINO, FL 32577 <i>32202</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD UPCHURCH, ALLEN <i>Tom Randle</i> 480 HIGHWAY 29 <i>7349 Merchant Ct</i> CANTONMENT, FL 32533 <i>SARASOTA, FL 34240</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE 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: <i>Guy M Hood</i>	<i>4/9/08</i>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	
Date	Daytime Phone #