## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 706504** 

FILED Apr 16, 2009 Secretary of State

Entity Name: FLORIDA CREDIT UNION LEAGUE, INC.

Current Principal Place of Business: New Principal Place of Business:

3773 COMMONWEALTH BLVD. 3773 COMMONWEALTH BLVD. PO BOX 3108 TALLAHASSEE, FL 32315

TALLAHASSEE, FL 323150108

Current Mailing Address: New Mailing Address:

3773 COMMONWEALTH BLVD. PO BOX 3108 TALLAHASSEE, FL 323150108

FEI Number: 59-0246163 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

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

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.

SIGNATURE:

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Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

CD CD (X) Change ( ) Addition () Delete HIRABAYASHI, JOHN HELBER, RICHARD Name: Name: 637 N LEE STREET Address: 711 E HENDERSON AVE Address: City-St-Zip: JACKSONVILLE, FL 32204 City-St-Zip: TAMPA, FL 33602

Title: CE ( ) Delete Title: VC (X) Change ( ) Addition Name: RICH, HELBER Name: MARY, WOOD

 Name:
 RICH, HELBER
 Name:
 MARY, WOOD

 Address:
 711 E. HENDERSON AVE
 Address:
 1225 MILLENIUM

Address: 711 E. HENDERSON AVE Address: 1225 MILLENIUM PARKWAY
City-St-Zip: TAMPA, FL 33602 City-St-Zip: BRANDON, FL 33511

 Name:
 LISTER, BRENT
 Name:
 LISTER, BRENT

 Address:
 500 W. 1ST ST.
 Address:
 500 W. 1ST ST.

City-St-Zip: JACKSONVILLE, FL 32202 City-St-Zip: JACKSONVILLE, FL 32202

Title: SD () Delete Title: () Change () Addition

 Name:
 RANDLE, TOM
 Name:

 Address:
 7349 MERCHANT CT.
 Address:

 City-St-Zip:
 SARASOTA, FL 34240
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GUY HOOD P 04/16/2009