

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Murman  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **G19679** (1)

1. Corporation Name  
**NFECU SERVICES CORP.**



Principal Place of Business  
**440 N MONROE ST  
P.O. BOX 5496  
TALLAHASSEE FL 32314**

Mailing Address  
**440 N MONROE ST  
P.O. BOX 5496  
TALLAHASSEE FL 32314**

2. Principal Place of Business	2a. Mailing Address
21. Subd., Apt. #, etc.	26. Subd., Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. County	29. County
25. County	30. County

3. Date Incorporated or Qualified <b>01/21/1983</b>	3a. Date of Last Report <b>02/27/1995</b>
4. FEI Number <b>59-2285914</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**CROMER, RAY E., JR.  
440 N MONROE ST  
TALLAHASSEE FL 32301**

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	<b>FL</b>
83. City	
84. City	

11. Pursuant to the provisions of Section 607.0402 and 607.1504 Florida Statutes, the above named corporation's director(s) 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 obligation of, Section 607.0609, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: <b>VD</b> <input type="checkbox"/> DELETE	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>ENFINGER, WILLIAM</b>	12 NAME:
STREET ADDRESS: <b>440 N MONROE ST</b>	12 STREET ADDRESS:
CITY-ST-ZIP: <b>TALLAHASSEE FL</b>	12 CITY-ST-ZIP:
TITLE: <b>P</b> <input type="checkbox"/> DELETE	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>CROMER, RAY E JR</b>	23 NAME:
STREET ADDRESS: <b>440 N MONROE ST</b>	23 STREET ADDRESS:
CITY-ST-ZIP: <b>TALLAHASSEE, FL 00000</b>	23 CITY-ST-ZIP:
TITLE: <b>DC</b> <input type="checkbox"/> DELETE	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>HOLLAND, D A</b>	33 NAME:
STREET ADDRESS: <b>440 N MONROE ST</b>	33 STREET ADDRESS:
CITY-ST-ZIP: <b>TALLAHASSEE FL</b>	33 CITY-ST-ZIP:
TITLE: <b>V</b> <input type="checkbox"/> DELETE	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>TAYLOR, BEVERLY</b>	43 NAME:
STREET ADDRESS: <b>440 N MONROE ST</b>	43 STREET ADDRESS:
CITY-ST-ZIP: <b>TALLAHASSEE, FL 00000</b>	43 CITY-ST-ZIP:
TITLE: <b>TD</b> <input type="checkbox"/> DELETE	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>PAYNE, DORIS</b>	53 NAME:
STREET ADDRESS: <b>440 N MONROE ST</b>	53 STREET ADDRESS:
CITY-ST-ZIP: <b>TALLAHASSEE, FL 00000</b>	53 CITY-ST-ZIP:
TITLE: <b>D</b> <input type="checkbox"/> DELETE	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>MAYFIELD, M THOMAS</b>	63 NAME:
STREET ADDRESS: <b>440 N MONROE ST</b>	63 STREET ADDRESS:
CITY-ST-ZIP: <b>TALLAHASSEE FL</b>	63 CITY-ST-ZIP:

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.01(3)(g), Florida Statutes. I further certify that the information provided 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an attached filing with an address.

SIGNATURE: *Beverly O Taylor* Beverly Taylor, Vice Pres. 3/13/96 904-942-9186

CR2E034 (12/95)