

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000004496

FILED  
Apr 18, 2012  
Secretary of State

**Entity Name:** HEALTHCARE CREDIT UNIONS INTERNATIONAL, INC.

**Current Principal Place of Business:**

4320 DEERWOOD LAKE PARKWAY  
SUITE 101-455  
JACKSONVILLE, FL 32216

**New Principal Place of Business:**

**Current Mailing Address:**

4320 DEERWOOD LAKE PARKWAY  
SUITE 101-455  
JACKSONVILLE, FL 32216

**New Mailing Address:**

**FEI Number:** 30-0650385

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PILVER, MAURICE J  
4320 DEERWOOD LAKE PARKWAY  
SUITE 101-455  
JACKSONVILLE, FL 32216 US

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

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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: PILVER, MAURICE J  
Address: 4320 DEERWOOD LAKE PARKWAY, SUITE 101-455  
City-St-Zip: JACKSONVILLE, FL 32216

Title: DIR  
Name: TRIMMIER, C. STEPHEN  
Address: 2737 HIGHLAND AVENUE S.  
City-St-Zip: BIRMINGHAM, AL 35205

Title: DIR  
Name: HOLLISTER, DELMA  
Address: 209 CURTIS DRIVE SE  
City-St-Zip: HUNTSVILLE, AL 35803

I hereby 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 all other like empowered.

SIGNATURE: M. J. PILVER

PRES

04/18/2012

Electronic Signature of Signing Officer or Director

Date