

FILE NOW: FILING FEE IS \$61.25

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May 05 1997 8:00am

Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000003451 (9)

1. Corporation Name

SUNCOAST SCHOOLS FEDERAL CREDIT UNION RETIREMENT  
ASSOCIATION, INC.



Principal Place of Business <b>950 WEST FLETCHER AVE TAMPA FL 33612</b>	Mailing Address <b>P.O. BOX 11736 TAMPA FL 33680-1736</b>
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3. Date Incorporated or Qualified <b>06/27/1996</b>	3a. Date of Last Report <b>N/A</b>
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2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b> Country	2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>29</b> Country
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4. FEI Number <b>59-3397200</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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9. Name and Address of Current Registered Agent <b>DORETY, TOM R 6801 E HILLSBOROUGH AVE TAMPA FL 33610</b>	
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10. Name and Address of New Registered Agent	
81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	<b>FL</b> 85. Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits 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 obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	P/T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	James A. Byers, Sr.
1.3 STREET ADDRESS	2108 Whitlock Place
1.4 CITY-ST-ZIP	Dover, Florida 33527
2.1 TITLE	V/T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Barbara Hall
2.3 STREET ADDRESS	12205 Wood Duck Place
2.4 CITY-ST-ZIP	Temple Terrace, Florida 33617
3.1 TITLE	S/T/T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	John P. Griffin
3.3 STREET ADDRESS	15819 Dawson Ridge Drive
3.4 CITY-ST-ZIP	Tampa, Florida 33647-1322
4.1 TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Pellegrino Zuzio
4.3 STREET ADDRESS	3607 Player Drive
4.4 CITY-ST-ZIP	New Port Richey, Florida 34655-2015
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *James A. Byers, Sr.* H-23-97 (99A) 999-5887

CR2E037 (9/96)