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May 08 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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

Mailing Address

**950 WEST FLETCHER AVE
TAMPA FL 33612**

**P.O. BOX 11736
TAMPA FL 33680**

3. Date Incorporated or Qualified

06/27/1996

4. FEI Number

59-3397200

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DORETY, TOM R
6801 E HILLSBOROUGH AVE
TAMPA FL 33610**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PT** ☐ DELETE
NAME **BYERS, SR J A**
STREET ADDRESS **2108 WHITLOCK PLACE**
CITY-ST-ZIP **DOVER FL**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **VT** ☐ DELETE
NAME **HALL, BARBARA**
STREET ADDRESS **12205 WOOD DUCK PLACE**
CITY-ST-ZIP **TEMPLE TERRACE FL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **STT** ☐ DELETE
NAME **GRIFFIN, JOHN P**
STREET ADDRESS **15819 DAWSON RIDGE DRIVE**
CITY-ST-ZIP **TAMPA FL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **T** ☒ DELETE
NAME **ZUZIO, PELLEGRINO**
STREET ADDRESS **3807 PLAYER DRIVE**
CITY-ST-ZIP **NEW PORT RICHEY FL**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME **D**
5.3 STREET ADDRESS **KRUSE, NORMA**
5.4 CITY-ST-ZIP **16907 MELBA LANE**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☒ Addition
6.2 NAME **D**
6.3 STREET ADDRESS **PLATTS, TERRY I.**
6.4 CITY-ST-ZIP **2111 WHITLOCK PLACE**

14. I 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:

4-22-98 813968-9434

CR2E037 (10/97)