| NONPROFIT CORPORATION ANNUAL REPORT **1999** | FLORIDA DEPARTMENT OF STATE **Katherine Harris** Secretary of State DIVISION OF CORPORATIONS | **FILED May 06, 1999 8:00 am Secretary of State** 05-06-1999 90187 025 ****61.25 |

DOCUMENT # N96000003451

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

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed **06/27/1996**
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number **59-3397200** / Applied For / Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ / **$8.75** Additional Fee Required
Zip 24 / Country 25	Zip 29 / Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ / **$5.00** May Be Added to Fees

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 *NO CHANGE*

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

Tom R. Dorety, Agent 4-29-99 DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE PT NAME BYERS, SR J A STREET ADDRESS 2108 WHITLOCK PLACE CITY-ST-ZIP DOVER FL	☐ DELETE		1.1 TITLE VT 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	☒ Change	☐ Addition
TITLE VT NAME HALL, BARBARA STREET ADDRESS 12205 WOOD DUCK PLACE CITY-ST-ZIP TEMPLE TERRACE FL	☐ DELETE		2.1 TITLE PT 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	☒ Change	☐ Addition
TITLE STT NAME GRIFFIN, JOHN P STREET ADDRESS 15819 DAWSON RIDGE DRIVE CITY-ST-ZIP TAMPA FL	☐ DELETE		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☐ Change	☐ Addition
TITLE D NAME KRUSE, NORMA STREET ADDRESS 16907 MELBA LANE CITY-ST-ZIP LUTZ FL 33549	☐ DELETE		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change	☐ Addition
TITLE D NAME PLATTS, TERRY I. STREET ADDRESS 2111 WHITLOCK PLACE CITY-ST-ZIP DOVER FL 33527	☐ DELETE		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change	☐ Addition

CR2E037 (11/98)

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 any address, with all other like empowered.

SIGNATURE: *Barbara Hall* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-99 Date / 8139689434 Daytime Phone #