

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000003451

FILED  
May 28, 2004  
Secretary of State

**Entity Name:** SUNCOAST SCHOOLS FEDERAL CREDIT UNION RETIREMENT ASSOCIATION, INC.

**Current Principal Place of Business:**

950 WEST FLETCHER AVE  
TAMPA, FL 33612

**New Principal Place of Business:**

**Current Mailing Address:**

950 WEST FLETCHER AVE  
TAMPA, FL 33612

**New Mailing Address:**

**FEI Number:** 59-3397200

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DORETY, TOM R  
6801 E HILLSBOROUGH AVE  
TAMPA, FL 33610 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: ST ( ) Delete  
Name: BYERS, SR J A  
Address: 2108 WHITLOCK PLACE  
City-St-Zip: DOVER, FL

Title: TRST ( ) Delete  
Name: HALL, BARBARA  
Address: 12205 WOOD DUCK PLACE  
City-St-Zip: TEMPLE TERRACE, FL

Title: TRST ( ) Delete  
Name: GRIFFIN, JOHN P  
Address: 15819 DAWSON RIDGE DRIVE  
City-St-Zip: TAMPA, FL

Title: VC ( ) Delete  
Name: KRUSE, NORMA  
Address: 16907 MELBA LANE  
City-St-Zip: LUTZ, FL 33549

Title: C ( ) Delete  
Name: PLATTS, TERRY I.  
Address: 2111 WHITLOCK PLACE  
City-St-Zip: DOVER, FL 33527

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: BARBARA HALL

TRST

05/28/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date