

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000003451

FILED
Apr 17, 2006
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: VC () 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: C () Delete
Name: KRUSE, NORMA
Address: 16907 MELBA LANE
City-St-Zip: LUTZ, FL 33549

Title: TRST () 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 Chapter 119, 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: MARY TLACHAC

MS

04/17/2006

Electronic Signature of Signing Officer or Director

Date