

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000003643

1. Entity Name

OMNI COMMUNITY CREDIT UNION SCHOLARSHIP FUND, IN

FILED
May 10, 2000 8:00 am
Secretary of State

05-10-2000 90178 029 ***150.00

Principal Place of Business

Mailing Address

8367 BAYMEADOWS WAY
JACKSONVILLE FL 32256

8367 BAYMEADOWS WAY
JACKSONVILLE FL 32256-8222

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3537275

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

VOYLES, LEANNE C
8367 BAYMEADOWS WAY
JACKSONVILLE FL 32256

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME MAGNUSSON, GISLI
STREET ADDRESS 8367 BAYMEADOWS WAY
CITY-ST-ZIP JACKSONVILLE FL 32256

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD ☐ Delete
NAME VOYLES, LEANNE C
STREET ADDRESS 8367 BAYMEADOWS WAY
CITY-ST-ZIP JACKSONVILLE FL 32256

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☐ Delete
NAME ZASADA, KAREN
STREET ADDRESS 8367 BAYMEADOWS WAY
CITY-ST-ZIP JACKSONVILLE FL 32256

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VPD ☒ Delete
NAME GOETTLING, JUDIE
STREET ADDRESS 1785 EMERSON ST
CITY-ST-ZIP JACKSONVILLE FL 32207

TITLE ☐ Change ☒ Addition
NAME VICE-President
STREET ADDRESS Sandy Salem
CITY-ST-ZIP 8925 Heavenside Drive
Jacksonville, FL 32257

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

904-739-5902

SIGNATURE:

Karen Zasada
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Karen Zasada, Secretary

5/2/00

Date

Daytime Phone #

CR2E037 (9/99)