

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 30 1997 8:00am  
Secretary of State

DOCUMENT # P27534

(7)

1. Corporation Name

CREDITHRIFT OF AMERICA, INC.



Principal Place of Business

601 N.W. SECOND STREET  
EVANSVILLE IN 47708

Mailing Address

601 N.W. SECOND STREET  
EVANSVILLE IN 47708-1013

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

01/02/1990

3a. Date of Last Report

03/05/1996

4. FEI Number

35-1143068

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, 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

TITLE PDCE  
NAME GEISSINGER, FREDERICK W  
STREET ADDRESS 601 NW 2ND STREET  
CITY-ST-ZIP EVANSVILLE IN ☐ DELETE

TITLE V  
NAME SEELEY, DAVID C  
STREET ADDRESS 601 N.W. SECOND STREET  
CITY-ST-ZIP EVANSVILLE IN ☐ DELETE

TITLE VSD  
NAME SMITH, GARY M  
STREET ADDRESS 601 NW 2ND ST  
CITY-ST-ZIP EVANSVILLE IN ☐ DELETE

TITLE VD  
NAME BAKER, WAYNE D.  
STREET ADDRESS 601 N.W. 2ND ST.  
CITY-ST-ZIP EVANSVILLE IN ☐ DELETE

TITLE VD  
NAME HANLEY, PHILIP M.  
STREET ADDRESS 601 N.W. SECOND STREET  
CITY-ST-ZIP EVANSVILLE IN ☐ DELETE

TITLE AS  
NAME LEDBETTER, JEFFREY L  
STREET ADDRESS 601 N.W. SECOND STREET  
CITY-ST-ZIP EVANSVILLE IN ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

POELKER, JOHN S.

V

14. I do 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

CR2E034 (9/96)