

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2004 8:00 am
Secretary of State

01-15-2004 90002 015 ***150.00

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1. Entity Name
CREDIT UNION 24, INCORPORATED



Principal Place of Business
**3773 COMMONWEALTH BOULEVARD
TALLAHASSEE, FL 32303**

Mailing Address
**3773 COMMONWEALTH BOULEVARD
TALLAHASSEE, FL 32303**

44002028



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01082004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

59-3486863

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**PARK, JAMES H
3773 COMMONWEALTH BOULEVARD
TALLAHASSEE, FL 32303**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

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 \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **JACOBS, LARRY**
STREET ADDRESS **2735 BROOKWOOD DRIVE**
CITY-ST-ZIP **ORANGE PARK, FL 32073**

TITLE **C** ☐ Delete
NAME **SCOTT, R. LARRY**
STREET ADDRESS **2511 N.W. 41ST STREET**
CITY-ST-ZIP **GAINESVILLE, FL 32605**

TITLE **D** ☐ Delete
NAME **WERNICKE, PATRICIA L**
STREET ADDRESS **3695 NORTH L STREET**
CITY-ST-ZIP **PENSACOLA, FL 32505**

TITLE **D** ☐ Delete
NAME **FISHER, ROBERT**
STREET ADDRESS **6701 DALE MABRY HIGHWAY SOUTH**
CITY-ST-ZIP **TAMPA, FL 336115109**

TITLE **D** ☐ Delete
NAME **CHILDRESS, TERRY**
STREET ADDRESS **1207 FENWICK DR**
CITY-ST-ZIP **LYNCHBURG, VA 24505**

TITLE **VC** ☒ Delete
NAME **WILLIAMS, JOE**
STREET ADDRESS **1025 VIRGINIA AVE DEPT 930 SUITE 200**
CITY-ST-ZIP **ATLANTA, GA 30354**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **C** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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

TITLE **VC** ☐ Change ☒ Addition
NAME **Guerry, Mansel**
STREET ADDRESS **1520 W Capitol St.**
CITY-ST-ZIP **Jackson, MS 39203**

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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE:

James H. Park
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/04
Date

701-2824
Daytime Phone #