
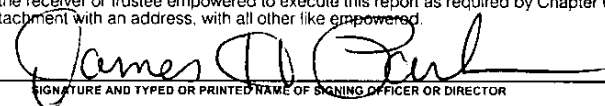


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2006 8:00 am
Secretary of State

01-10-2006 90025 030 ***150.00

DOCUMENT # P97000015603					
1. Entity Name CREDIT UNION 24, INCORPORATED					
Principal Place of Business 2473 CARE DRIVE SUITE 1 TALLAHASSEE, FL 32308			Mailing Address 2473 CARE DRIVE SUITE 1 TALLAHASSEE, FL 32308		
2. Principal Place of Business 2252 Killearn Center Blvd		3. Mailing Address P O Box 14016			
Suite, Apt. #, etc. Suite 300		Suite, Apt. #, etc.			
City & State Tallahassee, FL		City & State Tallahassee, FL		4. FEI Number 59-3486863	
Zip 32309		Country Leon		Zip 32317-4016	
Country Leon		Country Leon			
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 James H Park Street Address (P.O. Box Number is Not Acceptable) 2252 Killearn Center, Blvd, Suite 300 City Tallahassee FL Zip Code 32309		
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:  DATE: JAN. 6, 2006 <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C <input checked="" type="checkbox"/> Delete JACOBS, LARRY 2735 BROOKWOOD DRIVE ORANGE PARK, FL 32073				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete CROMER, RAY 440 NORTH MONROE TALLAHASSEE, FL 32301				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete GARCIA, MARIA 6801 HILLSBOROUGH AVENUE TAMPA, FL 33680				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete FISHER, ROBERT 6701 DALE MABRY HIGHWAY SOUTH TAMPA, FL 336115109				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete SIMKINS, PAUL 43 NORTH MAIN STREET STATESBORO, GA 30458				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC <input checked="" type="checkbox"/> Delete MANSEL, GUERRY 1520 W CAPITOL ST. JACKSON, MS 39203				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition COLLINS, EDWIN 430 COMMERCE PARK DRIVE MARIETTA, GA 30066				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition KLEIN, H.C. 212 RED RIVER DRIVE NORTH LITTLE ROCK, AR 72120				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 all other like empowered.					
SIGNATURE:  DATE: JAN. 6, 2006 DAYTIME PHONE: 850 801-2400 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					