

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007 8:00 am
Secretary of State

01-16-2007 90220 004 ***150.00

DOCUMENT # P97000015603

1. Entity Name
CREDIT UNION 24, INCORPORATED



Principal Place of Business
2252 KILLEARN CENTER BLVD
SUITE 300
TALLAHASSEE, FL 32309

Mailing Address
PO BOX 14016
TALLAHASSEE, FL 32317-4016

60001723

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01042007

Chg-P

CR2E034 (12/06)

4. FEI Number

59-3486863

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

PARK, JAMES H
2252 KILLEARN CENTER, BLVD, SUITE 300
TALLAHASSEE, FL 32309

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, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME COLLINS, EDWIN
STREET ADDRESS 430 COMMERCE PARK DRIVE
CITY-ST-ZIP MARIETTA, GA 30066

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

TITLE D ☐ Delete
NAME CROMER, RAY
STREET ADDRESS 440 NORTH MONROE
CITY-ST-ZIP TALLAHASSEE, FL 32301

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

TITLE D ☐ Delete
NAME GARCIA, MARIA
STREET ADDRESS 6801 HILLSBOROUGH AVENUE
CITY-ST-ZIP TAMPA, FL 33680

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

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

TITLE D ☐ Change ☒ Addition
NAME COWANS, ALVIN
STREET ADDRESS 35 W. Michigan St
CITY-ST-ZIP Orlando, FL 32806

TITLE D ☐ Delete
NAME SIMKINS, PAUL
STREET ADDRESS 43 NORTH MAIN STREET
CITY-ST-ZIP STATESBORO, GA 30458

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

TITLE VC ☒ Delete
NAME KLEIN, H.C.
STREET ADDRESS 212 RED RIVER DRIVE
CITY-ST-ZIP NORTH LITTLE ROCK, AR 72120

TITLE D ☐ Change ☒ Addition
NAME Blake, Bradley
STREET ADDRESS 3534 Thomasville Rd Ste B
CITY-ST-ZIP Tallahassee, FL 32308

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:

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

1/8/2007

Date

850 701 2824

Daytime Phone #