

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 22, 2008 8:00 am**  
**Secretary of State**

04-22-2008 90019 002 \*\*\*150.00

**DOCUMENT # V66654**

1. Entity Name  
**FLORIDA CREDIT UNION SHARED SERVICES, INC.**



Principal Place of Business  
**3773 COMMONWEALTH BLVD  
TALLAHASSEE, FL 32303 US**

Mailing Address  
**3773 COMMONWEALTH BLVD  
TALLAHASSEE, FL 32303 US**

**40076599**



04092008 No Chg-P CR2E034 (11/05)

4. FEI Number  
**59-3167039**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**GARLAND, MARVIN M  
3773 COMMONWEALTH BLVD  
TALLAHASSEE, FL 32303**

**DO NOT WRITE  
IN THIS SPACE**

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE	C
NAME	MELBOURNE, JOSEPH JR
STREET ADDRESS	1200 WEBER STREET
CITY-ST-ZIP	ORLANDO, FL 328033334
TITLE	PCEO
NAME	DALTON, NANCY
STREET ADDRESS	8890 NAUTURE VEIW LANE W
CITY-ST-ZIP	JACKSONVILLE, FL 32217
TITLE	VC
NAME	BRADDOCK, WILLIAM
STREET ADDRESS	9700 TOUCHTON RD
CITY-ST-ZIP	JACKSONVILLE, FL 32246
TITLE	D
NAME	HOOD, GUY
STREET ADDRESS	3773 COMMONWEALTH BLVD
CITY-ST-ZIP	TALLAHASSEE, FL 32303
TITLE	P
NAME	PRIOR, HENRY
STREET ADDRESS	6450 W 21ST CT
CITY-ST-ZIP	HIALEAH, FL 33016
TITLE	S
NAME	HIRABAAYHI, JOHN
STREET ADDRESS	637 LEE ST
CITY-ST-ZIP	JACKSONVILLE, FL 32204

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Guy M Hood*  
**Guy M Hood**

*4/9/08*  
**4/9/08**

DATE

DAYTIME PHONE #

*850-576-8171*  
**850-576-8171**