

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V66654

FILED  
Apr 16, 2009  
Secretary of State

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

**Current Principal Place of Business:**

3773 COMMONWEALTH BLVD  
TALLAHASSEE, FL 32303 US

**New Principal Place of Business:**

**Current Mailing Address:**

3773 COMMONWEALTH BLVD  
TALLAHASSEE, FL 32303 US

**New Mailing Address:**

**FEI Number:** 59-3167039

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( )**

**OFFICERS AND DIRECTORS:**

Title: C ( ) Delete  
Name: MELBOURNE, JOSEPH JR  
Address: 1200 WEBER STREET  
City-St-Zip: ORLANDO, FL 328033334

Title: PCEO ( ) Delete  
Name: DALTON, NANCY  
Address: 8890 NAUTURE VEIW LANE W  
City-St-Zip: JACKSONVILLE, FL 32217

Title: VC ( ) Delete  
Name: BRADDOCK, WILLIAM  
Address: 9700 TOUCHTON RD  
City-St-Zip: JACKSONVILLE, FL 32246

Title: D ( ) Delete  
Name: HOOD, GUY  
Address: 3773 COMMONWEALTH BLVD  
City-St-Zip: TALLAHASSEE, FL 32303

Title: T ( ) Delete  
Name: WOOD, ARTHUR J  
Address: 3710 N. 50TH ST  
City-St-Zip: TAMPA, FL 33619

Title: S ( ) Delete  
Name: HIRABAAYHI, JOHN  
Address: 637 LEE ST  
City-St-Zip: JACKSONVILLE, FL 32204

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** GUY M. HOOD

P

04/16/2009

Electronic Signature of Signing Officer or Director

Date