

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 702236 (1)

1. Corporation Name
NATIONAL ASSOCIATION OF LETTER CARRIERS, RETIREMENT, EDUCATIONAL, SECURITY, TRAINING FOUNDATION.



Principal Place of Business Mailing Address
1 NALCREST ROAD NALCREST COMMUNITY APARTMENTS NALCREST FL 33856
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3. Date Incorporated or Qualified 04/07/1961	3a. Date of Last Report 05/01/1995
4. FEI Number 59-1004167	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent HUGHES, EDWIN J 814 HILLSIDE AVENUE LAKE WALES FL 33853		10. Name and Address of New Registered Agent	
81 Name			
82 Street Address (P.O. Box Number is Not Acceptable)			
83			
84 City	FL	85	Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 617.0503, Florida Statutes.

SIGNATURE *Edwin J. Hughes* DATE **3-14-96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MALONE, M.L.	1.2 NAME	
STREET ADDRESS	3905 IVY DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	NASHVILLE TN 37216	1.4 CITY-ST-ZIP	
TITLE	VP	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YOUNG, WILLIAM H	2.2 NAME	
STREET ADDRESS	100 INDIANA AVE NW	2.3 STREET ADDRESS	
CITY-ST-ZIP	WASHINGTON DC 20001	2.4 CITY-ST-ZIP	
TITLE	P	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOMBROTTO, VINCENT R	3.2 NAME	
STREET ADDRESS	100 INDIANA AVE NW	3.3 STREET ADDRESS	
CITY-ST-ZIP	WASHINGTON DC 20001	3.4 CITY-ST-ZIP	
TITLE	ST	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YATES, WILLIAM R	4.2 NAME	
STREET ADDRESS	100 INDIANA AVE NW	4.3 STREET ADDRESS	
CITY-ST-ZIP	WASHINGTON DC 20001	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETROCELLI, PETE	5.2 NAME	
STREET ADDRESS	569 59TH STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	BROOKLYN, NY 11210	5.4 CITY-ST-ZIP	
TITLE	V	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONNERS, FRANCIS J	6.2 NAME	
STREET ADDRESS	100 INDIANA AVE NW	6.3 STREET ADDRESS	
CITY-ST-ZIP	WASHINGTON DC 20001	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13, as changed, or on an attachment with an address.

SIGNATURE: *Vincent R. Sombrotto*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE: **3/14/96**
DATE AND PHONE #

CR2E037 (12/95)