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Apr 22 1997 8:00am  
Secretary of State



NONPROFIT CORPORATION ANNUAL REPORT 1997

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

3. Date Incorporated or Qualified 04/07/1961  
3a. Date of Last Report 04/01/1996

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

4. FEI Number 59-1004167 Applied For Not Applicable  
5. Certificate of Status Desired \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

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 Gerard Kane  
82 Street Address (P.O. Box Number is Not Acceptable) P.O. Box 6359 #1 Town Center  
83  
84 City Nalcrest FL 85 Zip Code 33856

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 Gerard Kane Gerard Kane, General Manager 2/18/96  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

Table with 6 rows of officer information. Columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP, and a DELETED checkbox. Officers include Malone, Young, Sombrotto, Yates, Petrocelli, and Conners.

Table with 6 rows of addition/change information. Columns: 1.1 TITLE, 1.2 NAME, 1.3 STREET ADDRESS, 1.4 CITY-ST-ZIP, and checkboxes for Change and Addition. Includes handwritten notes like 'BK Dep 6/25' and 'ON 4-22-97'.

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, unchanged, or on an attachment with an address.

SIGNATURE: Vincent R Sombrotto 3/6/97  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)