

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 31 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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	1 NALCREST ROAD NALCREST COMMUNITY APARTMENTS NALCREST FL 33856

3. Date Incorporated or Qualified	04/07/1961
4. FEI Number	59-1004167
Applied For	<input type="checkbox"/>
Not Applicable	<input checked="" type="checkbox"/>

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 Zip
25 Country	30 Country

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
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent	
KANE, GERARD 1 TOWN CENTER NALCREST FL 33856	

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number Is Not Acceptable)	P.O. Box 6359
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: Gerard Kane DATE: 2/26/98
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, GEORGE N	1.2 NAME	
STREET ADDRESS	5597 SEMINARY ROAD APT 1814	1.3 STREET ADDRESS	
CITY-ST-ZIP	FALLS CHURCH VA 22041	1.4 CITY-ST-ZIP	
TITLE	VP <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YOUNG, WILLIAM H	2.2 NAME	Conners, Francis J.
STREET ADDRESS	100 INDIANA AVE NW	2.3 STREET ADDRESS	100 Indiana Ave NW
CITY-ST-ZIP	WASHINGTON DC 20001	2.4 CITY-ST-ZIP	Washington, DC 20001
TITLE	P <input type="checkbox"/> DELETE	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 <input type="checkbox"/> DELETE	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 <input type="checkbox"/> DELETE	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 <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONNERS, FRANCIS J	6.2 NAME	Gailo, Carl
STREET ADDRESS	100 INDIANA AVE NW	6.3 STREET ADDRESS	26356 New Orleans Dr.
CITY-ST-ZIP	WASHINGTON DC 20001	6.4 CITY-ST-ZIP	Bonita Springs, FL 34135

14. I 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 if changed, or on an attachment with an address.

SIGNATURE: Vincent R Sombrotto 2/9/98

CR2E037 (10/97)