


FILE NOW: FILING FEE IS \$61.25

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Mar 04, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 702236

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

Principal Place of Business 1 NALCREST ROAD NALCREST COMMUNITY APARTMENTS NALCREST FL 33856	Mailing Address 1 NALCREST ROAD NALCREST COMMUNITY APARTMENTS NALCREST FL 33856
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 04/07/1961 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
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9. Name and Address of Current Registered Agent KANE, GERARD P.O. BOX 6359 NALCREST FL 33856	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL
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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* (NOTE: Registered Agent signature required when reinstating) DATE **2/11/99**

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	V <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONNERS, FRANCIS J	2.2 NAME	Young, William H.
STREET ADDRESS	100 INDIANA AVE NW	2.3 STREET ADDRESS	100 Indiana Ave., N.W.
CITY-ST-ZIP	WQASHINGTON 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	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GALLO, CARL	6.2 NAME	
STREET ADDRESS	26356 NEW ORLEANS DR	6.3 STREET ADDRESS	
CITY-ST-ZIP	BONITA SPRINGS FL 34135	6.4 CITY-ST-ZIP	

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, with all other like empowered

SIGNATURE: **SIGNATURE REQUIRED** *Vincent R Sombrotto* 2/11/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #

CR2E037 (1/98)