

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 # 723059 (2)

1. Corporation Name

LAKELAND LETTER CARRIERS ASSOCIATION, INC.



Principal Place of Business

2434 GOLFVIEW ST.
P.O. BOX 3343
LAKELAND FL 33802-0343

Mailing Address

2434 GOLFVIEW ST.
P.O. BOX 3343
LAKELAND FL 33802-3343
US

3. Date Incorporated or Qualified
04/04/1972

3a. Date of Last Report
02/01/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

59-1727916

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

10. Name and Address of New Registered Agent

BRINEGAR, WAYNE
627 ORIOLE DR.
LAKELAND FL 33803

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE V ☐ DELETE

NAME MCAFFEE, JOHN
STREET ADDRESS 4502 FLINT ROCK LOOP
CITY-ST-ZIP LAKELAND, FL 00000

1.1 TITLE TRUSTEE ☒ Change ☐ Addition

TITLE P ☐ DELETE

NAME REPINE, ALLEN
STREET ADDRESS 305 GREENWOODS DR.
CITY-ST-ZIP LAKELAND, FL 00000

2.1 TITLE ☐ Change ☐ Addition

TITLE T ☐ DELETE

NAME KINDER, DAVID
STREET ADDRESS 603 LONGFELLOW BLVD.
CITY-ST-ZIP LAKELAND FL

3.1 TITLE ☐ Change ☐ Addition

TITLE T ☐ DELETE

NAME BALDWIN, JERRY A
STREET ADDRESS 907 JOHNSON AVE.
CITY-ST-ZIP LAKELAND FL

4.1 TITLE ☐ Change ☐ Addition

TITLE T ☐ DELETE

NAME SULLIVAN, KIRT
STREET ADDRESS 7403 HIGHLAND GROVE DRIVE
CITY-ST-ZIP LAKELAND FL

5.1 TITLE V ☒ Change ☐ Addition

TITLE ST ☐ DELETE

NAME BRINEGAR, WAYNE
STREET ADDRESS 627 ORIOLE DR
CITY-ST-ZIP LAKELAND FL

6.1 TITLE ☐ Change ☐ Addition

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 if changed, or on an attachment with an address.

SIGNATURE:

Allen Repine
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT 1-19-96 (941) 646-0071

Date

Daytime Phone

CR2E037 (12/95)