

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 23 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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

Mailing Address

2434 GOLFVIEW ST.
P.O. BOX 3343
LAKELAND FL 33802-03432434 GOLFVIEW ST.
P.O. BOX 3343
LAKELAND FL 33802-3343
US3. Date Incorporated or Qualified
04/04/19723a. Date of Last Report
01/29/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number
59-1727916Applied For
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees8. 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	<input type="checkbox"/> DELETE
NAME	MCAFFEE, JOHN	
STREET ADDRESS	4502 FLINT ROCK LOOP	
CITY-ST-ZIP	LAKELAND FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	REPINE, ALLEN	
STREET ADDRESS	305 GREENWOODS DR.	
CITY-ST-ZIP	LAKELAND, FL 00000	
TITLE	T	<input type="checkbox"/> DELETE
NAME	KINDER, DAVID	
STREET ADDRESS	603 LONGFELLOW BLVD.	
CITY-ST-ZIP	LAKELAND FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	BALDWIN, JERRY A	
STREET ADDRESS	907 JOHNSON AVE.	
CITY-ST-ZIP	LAKELAND FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	SULLIVN, KIRT	
STREET ADDRESS	40110 PRETTY RED BIRD RD.	
CITY-ST-ZIP	ZEPHYRHILLS FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	BRINEGAR, WAYNE	
STREET ADDRESS	627 ORIOLE DR	
CITY-ST-ZIP	LAKELAND FL	

1.1 TITLE	TRUSTEE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS	37402 MERIDIAN AVE	
5.4 CITY-ST-ZIP	DADE CITY, FL 33525	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 if changed, or on an attachment with an address.

SIGNATURE:

Allen Repine - ALLEN REPINE, President 1-9-97 (941) 6460071

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0052561

CR2E037 (9/96)