FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 MAR 23 AM 11:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 723059

1. Corporation Name
LAKELAND LETTER CARRIERS ASSOCIAION, INC.

Principal Place of Business	Mailing Address
2434 GOLFVIEW ST. P.O. BOX 3343 LAKELAND FL 33802-0343	2434 GOLFVIEW ST. P.O. BOX 3343 LAKELAND FL 33802-3343 US

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

3. Date Incorporated or Qualified: 04/04/1972
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

9. Name and Address of Current Registered Agent

BRINEGAR, WAYNE
627 ORIOLE DR.
LAKELAND FL 33803

10. Name and Address of New Registered Agent

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 617.1506, 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 _____ DATE
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	TR	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	MCAFEE, JOHN		1.2 NAME		
STREET ADDRESS	4502 FLINT ROCK LOOP		1.3 STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL		1.4 CITY-ST-ZIP		
TITLE	P	☐ DELETE	2.1 TITLE	TRUSTEE	☒ Change ☐ Addition
NAME	REPINE, ALLEN		2.2 NAME	REPINE ALLEN	
STREET ADDRESS	305 GREENWOODS DR.		2.3 STREET ADDRESS	305 GREENWOODS DR	
CITY-ST-ZIP	LAKELAND, FL 00000		2.4 CITY-ST-ZIP	LAKELAND FL 33813	
TITLE	T	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	KINDER, DAVID		3.2 NAME		
STREET ADDRESS	603 LONGFELLOW BLVD.		3.3 STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL		3.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	4.1 TITLE	VICE PRES	☒ Change ☐ Addition
NAME	BALDWIN, JERRY A		4.2 NAME	BALDWIN, JERRY A	
STREET ADDRESS	907 JOHNSON AVE.		4.3 STREET ADDRESS	4310 COUNTLY TRAIL DR	
CITY-ST-ZIP	LAKELAND FL		4.4 CITY-ST-ZIP	POLK CITY, FL 33868	
TITLE	V	☐ DELETE	5.1 TITLE	PRESIDENT	☒ Change ☐ Addition
NAME	SULLIVN, KIRT		5.2 NAME	SULLIVAN, W. KIRT	
STREET ADDRESS	37402 MERIDIAN AVE		5.3 STREET ADDRESS	37402 MERIDIAN AVE	
CITY-ST-ZIP	DADE CITY FL		5.4 CITY-ST-ZIP	DADE CITY, FL 33525	
TITLE	ST	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	BRINEGAR, WAYNE		6.2 NAME		
STREET ADDRESS	627 ORLOLE DR		6.3 STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL		6.4 CITY-ST-ZIP	03-22-1999 90034 048 61.25	

CR2E037 (11/98)

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: Wayne Brinegar WAYNE BRINEGAR, SEC/TRES 1-12-99 9416442141
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

AV