


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 28, 2004 08:00 AM
Secretary of State

DOCUMENT # 723059 1. Entity Name LAKELAND LETTER CARRIERS ASSOCIAION, 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																																																																																																																				
2. Principal Place of Business		3. Mailing Address																																																																																																																					
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																																																																																					
City & State		City & State		4. FEI Number 59-1727916																																																																																																																			
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																																																																																																			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent																																																																																																																			
BRINEGAR, WAYNE 315 BOGER BLVD N LAKELAND FL 33803				Name																																																																																																																			
				Street Address (P.O. Box Number is Not Acceptable)																																																																																																																			
				City																																																																																																																			
				FL Zip Code																																																																																																																			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.																																																																																																																							
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____																																																																																																																							
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees																																																																																																																			
Make Check Payable to Florida Department of State																																																																																																																							
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="padding: 5px;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="padding: 5px;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</th> </tr> <tr> <td style="width:15%; padding: 5px;">TITLE</td> <td style="width:65%; padding: 5px;"> TR HENSON, ED <input type="checkbox"/> Delete </td> <td style="width:20%; padding: 5px;"></td> <td style="width:15%; padding: 5px;">TITLE</td> <td style="width:65%; padding: 5px;"> U000000016970 <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> <td style="width:20%; padding: 5px;"></td> </tr> <tr> <td style="padding: 5px;">STREET ADDRESS</td> <td style="padding: 5px;">4606 VALLEY VIEW DR E</td> <td style="padding: 5px;"></td> <td style="padding: 5px;">STREET ADDRESS</td> <td style="padding: 5px;">01/28/04-80074-020 61.25</td> <td style="padding: 5px;"></td> </tr> <tr> <td style="padding: 5px;">CITY-ST-ZIP</td> <td style="padding: 5px;">LAKELAND FL 33813</td> <td style="padding: 5px;"></td> <td style="padding: 5px;">CITY-ST-ZIP</td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> </tr> <tr> <td style="padding: 5px;">TITLE</td> <td style="padding: 5px;"> T REPINE, ALLEN <input type="checkbox"/> Delete </td> <td style="padding: 5px;"></td> <td style="padding: 5px;">TITLE</td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> </tr> <tr> <td style="padding: 5px;">STREET ADDRESS</td> <td style="padding: 5px;">305 GREENWOODS DR.</td> <td style="padding: 5px;"></td> <td style="padding: 5px;">STREET ADDRESS</td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> </tr> <tr> <td style="padding: 5px;">CITY-ST-ZIP</td> <td style="padding: 5px;">LAKELAND FL 33813</td> <td style="padding: 5px;"></td> <td style="padding: 5px;">CITY-ST-ZIP</td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> </tr> <tr> <td style="padding: 5px;">TITLE</td> <td style="padding: 5px;"> T KINDER, DAVID <input type="checkbox"/> Delete </td> <td style="padding: 5px;"></td> <td style="padding: 5px;">TITLE</td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> </tr> <tr> <td style="padding: 5px;">STREET ADDRESS</td> <td style="padding: 5px;">603 LONGFELLOW BLVD.</td> <td style="padding: 5px;"></td> <td style="padding: 5px;">STREET ADDRESS</td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> </tr> <tr> <td style="padding: 5px;">CITY-ST-ZIP</td> <td style="padding: 5px;">LAKELAND FL</td> <td style="padding: 5px;"></td> <td style="padding: 5px;">CITY-ST-ZIP</td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> </tr> <tr> <td style="padding: 5px;">TITLE</td> <td style="padding: 5px;"> CP BALDWIN, JERRY A <input type="checkbox"/> Delete </td> <td style="padding: 5px;"></td> <td style="padding: 5px;">TITLE</td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> </tr> <tr> <td style="padding: 5px;">STREET ADDRESS</td> <td style="padding: 5px;">4310 COUNTRY TRAIL DR.</td> <td style="padding: 5px;"></td> <td style="padding: 5px;">STREET ADDRESS</td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> </tr> <tr> <td style="padding: 5px;">CITY-ST-ZIP</td> <td style="padding: 5px;">POLK CITY FL 33868</td> <td style="padding: 5px;"></td> <td style="padding: 5px;">CITY-ST-ZIP</td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> </tr> <tr> <td style="padding: 5px;">TITLE</td> <td style="padding: 5px;"> P SULLIVN, W. 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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.																																																																																																																							
SIGNATURE: Wayne Brinegar, WAYNE BRINEGAR 1-22-04 863 8387873																																																																																																																							