2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2006 08:00 AM
Secretary of State

DOCUMENT # 723059

1. Entity 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

1st MOORE CR2E037 (10/05)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-1727916 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GIBSON, CARY RAY
4075 BUTTON BUSH CIRCLE
LAKELAND FL 33-8119

7. Name and Address of New Registered Agent

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
Due By May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T BALDWIN, JERRY A 2646 RALPH RD LAKELAND FL 33801	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Add U00000428229 02/21/06-80039-016 70.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T REPINE, ALLEN 305 GREENWOODS DR. LAKELAND FL 33813	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T KING, HORACE 7776 MANOR DR LAKELAND FL 33810	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	EXVP FORE, STEVEN D 3618 MILEMAN DR S LAKELAND FL 33810	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P SULLIVAN, KIRT W M 37402 MERIDIAN AVE DADE CITY FL 33525	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST GIBSON, CORY RAY 4045 BUTTON BUSH CIRCLE LAKELAND FL 33811-3221	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Add

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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.