

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 14, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # 723059**

1. Entity Name

LAKELAND LETTER CARRIERS ASSOCIATION, 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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)



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

7. Name and Address of New Registered Agent

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

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]*

FIN. SEC. TREASURER

2-8-7

(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, 2007**

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: T ☐ Delete  
NAME: BALDWIN, JERRY A  
STREET ADDRESS: 2646 RALPH RD  
CITY-ST-ZIP: LAKELAND FL 33801

TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: 000000636401  
CITY-ST-ZIP: 02/26/07-80015-011 70.00

TITLE: T ☐ Delete  
NAME: REPINE, ALLEN  
STREET ADDRESS: 305 GREENWOODS DR.  
CITY-ST-ZIP: LAKELAND FL 33813

TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: T ☐ Delete  
NAME: KING, HORACE  
STREET ADDRESS: 7776 MANOR DR  
CITY-ST-ZIP: LAKELAND FL 33810

TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: EXVP ☐ Delete  
NAME: FORE, STEVEN D  
STREET ADDRESS: 3618 MILEMAN DR S  
CITY-ST-ZIP: LAKELAND FL 33810

TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: P ☐ Delete  
NAME: SULLIVAN, KIRT W M  
STREET ADDRESS: 37402 MERIDIAN AVE  
CITY-ST-ZIP: DADE CITY FL 33525

TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: ST ☐ Delete  
NAME: GIBSON, CORY RAY  
STREET ADDRESS: 4045 BUTTON BUSH CIRCLE  
CITY-ST-ZIP: LAKELAND FL 33811-3221

TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
CITY-ST-ZIP: ☐ Change ☐ Addition

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.

SIGNATURE:

*[Signature]*

FIN. SEC. TREASURER

2-8-7

863.398.1477