


2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90079 021 ****61.25

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**

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**



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**BRINEGAR, WAYNE
315 BOGER BLVD N
LAKELAND FL 33803**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Signature, typed or printed name of registered agent and title if applicable.

FILE NOW: FEE IS \$61.25

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

TITLE	TR	<input type="checkbox"/> Delete
NAME	HENSON, ED	
STREET ADDRESS	4606 VALLEY VIEW DR E	
CITY-ST-ZIP	LAKELAND FL 33813	
TITLE	T	<input type="checkbox"/> Delete
NAME	REPINE, ALLEN	
STREET ADDRESS	305 GREENWOODS DR.	
CITY-ST-ZIP	LAKELAND FL 33813	
TITLE	T	<input type="checkbox"/> Delete
NAME	KINDER, DAVID	
STREET ADDRESS	603 LONGFELLOW BLVD.	
CITY-ST-ZIP	LAKELAND FL	
TITLE	CP	<input type="checkbox"/> Delete
NAME	BALDWIN, JERRY A	
STREET ADDRESS	4310 COUNTRY TRAIL DR.	
CITY-ST-ZIP	POLK CITY FL 33868	
TITLE	P	<input type="checkbox"/> Delete
NAME	SULLIVN, W. KIRT	
STREET ADDRESS	37402 MERIDIAN AVE	
CITY-ST-ZIP	DADE CITY FL 33525	
TITLE	ST	<input type="checkbox"/> Delete
NAME	BRINEGAR, WAYNE	
STREET ADDRESS	315 BOGER BLVD N	
CITY-ST-ZIP	LAKELAND FL 33803	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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 **BRINEGAR 1-15-03 863 6027964**

CR2E037 (10/02)