

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Mar 22, 2009  
Secretary of State**

DOCUMENT# N00000003648

Entity Name: MID-FLORIDA LOCAL #7138 APWU, INC.

**Current Principal Place of Business:**

800 RINEHART ROAD  
LAKE MARY, FL 32799

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 952408  
LAKE MARY, FL 32795 24

**New Mailing Address:**

FEI Number: 59-3155696      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CORPORATE CREATIONS NETWORK INC.  
11380 PROSPERITY FARMS ROAD #221E  
PALM BEACH GARDENS,, FL 33410 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: RHODEN, LEESA  
Address: PO BOX 952408  
City-St-Zip: LAKE MARY, FL 32795

Title: W ( ) Delete  
Name: WILLIAMS, IAN  
Address: PO BOX 952408  
City-St-Zip: LAKE MARY, FL 32795

Title: D ( ) Delete  
Name: SCUDERO, STEVE  
Address: PO BOX 952408  
City-St-Zip: LAKE MARY, FL 32795

Title: D ( ) Delete  
Name: SPADE, ROSEMARY  
Address: PO BOX 952408  
City-St-Zip: LAKE MARY, FL 32795

Title: D ( ) Delete  
Name: LAFLEUR, RENEE  
Address: PO BOX 952408  
City-St-Zip: LAKE MARY, FL 32795

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: IAN WILLIAMS

S/T

03/22/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date