#### 2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

#### DOCUMENT# 702236

Entity Name: NATIONAL ASSOCIATION OF LETTER CARRIERS, RETIREMENT, EDUCATIONAL, SECURITY, TRAINING FOUNDATION, INC.

### Current Principal Place of Business:

67101 NALCREST ROAD NALCREST COMMUNITY APARTMENTS NALCREST, FL 33856

### **Current Mailing Address:**

P. O. BOX 6359 NALCREST COMMUNITY APARTMENTS NALCREST, FL 33856

# FEI Number: 59-1004167

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

# Certificate of Status Desired: No

WALKER, AMBER OFF MGR 67101 NALCREST ROAD NALCREST, FL 33856 US

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	AMBER WALKER			06/24/2020
	Electronic Signature of Registered Agent			Date
Officer/Director Detail :				
Title	Р	Title	VP	
Name	ROSE, MATTHEW	Name	ROLANDO, FREDERIC	
Address	100 INDIANA AVE	Address	100 INDIANA AVE.	
City-State-Zip:	WASHINGTON DC 20001	City-State-Zip:	WASHINGTON DC 20001	
Title	TRUSTEE	Title	ST	
Name	YOUNG, TOM	Name	RHINE, NICOLE	
Address	100 INDIANA AVE NW	Address	100 INDIANA AVE NW	
City-State-Zip:	WASHINGTON DC 20001	City-State-Zip:	WASHINGTON DC 20001	
Title	TRUSTEE	Title	TRUSTEE	
Name	SOUTHERN, DONALD	Name	GILL, MIKE	
Address	100 INDIANA AVE	Address	100 INDIANA AVE	
City-State-Zip:	WASHINGTON DC 20001	City-State-Zip:	WASHINGTON DC 20001	

I hereby 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 all other like empowered.

# SIGNATURE: MATTHEW ROSE

PRESIDENT

Electronic Signature of Signing Officer/Director Detail