

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 09 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 703428 (3)

1. Corporation Name

I B E W SYSTEM COUNCIL U-4 DEATH BENEFIT FUND, I
NC.

Principal Place of Business

Mailing Address

4110 MCCULLOUGH RD.
MIMS FL 32754

4110 MCCULLOUGH RD.
MIMS FL 32754-5231



3. Date Incorporated or Qualified
01/10/1962

3a. Date of Last Report
03/20/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number

59-0565475

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KUSTERER, FRED
4110 MCCULLOUGH RD.
MIMS FL 32754

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME RICHARD, LEO M JR
STREET ADDRESS 3777 NW 78 AVE., #12B
CITY-STATE-ZIP DAVIE FL

1.1 TITLE DIRECTOR
1.2 NAME T STEPHENSON
1.3 STREET ADDRESS 2056 GOLDEN ARM RD
1.4 CITY-STATE-ZIP DARTMOUTH FL 32738

TITLE V
NAME SUAREZ, ROBERTO
STREET ADDRESS 12241 SW 185 ST.
CITY-STATE-ZIP MIAMI FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

TITLE ST
NAME KUSTERER, FRED
STREET ADDRESS 4110 MCCULLOUGH RD.
CITY-STATE-ZIP MIMS FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

TITLE D
NAME MARTIN, R L
STREET ADDRESS 12104 TEMBORLAKE RD
CITY-STATE-ZIP RIVERVIEW FL 33569

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

TITLE D
NAME BURTNER, FLOYD
STREET ADDRESS RT 1 BOX 925
CITY-STATE-ZIP SANDERSON FL 32089

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

TITLE D
NAME DUBBERLY, A J
STREET ADDRESS 2911 CHEROREE RD
CITY-STATE-ZIP WEST PALM BEACH FL 33406

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

[Handwritten Signature] 4/9/97 1497127336

CR2E037 (9/96)