

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

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

**DOCUMENT # 703428**

1. Entity Name

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



Principal Place of Business

Mailing Address

**4110 MCCULLOUGH RD.  
MIMS FL 32754**

**4110 MCCULLOUGH RD.  
MIMS FL 32754**



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

**59-0565475**

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

**KUSTERER, FRED  
4110 MCCULLOUGH RD.  
MIMS FL 32754**

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

*FRED KUSTERER TRS*

*[Signature]*

*10 Feb 07*

**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  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**ST  
KUSTERER, FRED  
4110 MCCULLOUGH RD.  
MIMS FL** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**000000636280  
02/26/07-80010-008 61.25** ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**VP  
FLYNN, STEVE 359  
8741 SW 188 ST.  
MIAMI FL 33157** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**P  
STEPHENSON, T  
2056 GOLDEN ARM RD  
DELTONA FL** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Delete

TITLE  
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CITY- ST- ZIP  
☐ Change ☐ Addition

TITLE  
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CITY- ST- ZIP  
☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
CITY- ST- ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
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:

*FRED KUSTERER*

*[Signature]*

*10 Feb 07*