

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 703428

**FILED**  
**Apr 19, 2010**  
**Secretary of State**

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

**Current Principal Place of Business:**

4110 MCCULLOUGH RD.  
MIMS, FL 32754

**New Principal Place of Business:**

13661 SE 46TH STREET  
OKEECHOBEE, FL 34974

**Current Mailing Address:**

4110 MCCULLOUGH RD.  
MIMS, FL 32754

**New Mailing Address:**

13661 SE 46TH STREET  
OKEECHOBEE, FL 34974

**FEI Number:** 59-0565475

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

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

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

MACNICHOL, MARK  
13661 SE 46TH STREET  
OKEECHOBEE, FL 34974 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: MARK MACNICHOL

04/19/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: ST  
Name: MACNICHOL, MARK  
Address: 13661 SE 46TH STREET  
City-St-Zip: OKEECHOBEE, FL 34974

Title: VP  
Name: FLYNN, STEVE 359  
Address: 8741 SW 188 ST.  
City-St-Zip: MIAMI, FL 33157

Title: P  
Name: STEPHENSON, T  
Address: 2056 GOLDEN ARM RD  
City-St-Zip: DELTONA, FL

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: MARK MACNICHOL

ST

04/19/2010

Electronic Signature of Signing Officer or Director

Date