

FILE NOW: FILING FEE IS \$61.25

FILED
Jul 23 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 709884 (1)

1. Corporation Name

FLORIDA POSTAL BENEFIT ASSOCIATION, INC.

Principal Place of Business

Mailing Address

726 75TH AVENUE N.
P O BOX 49401
ST PETERSBURG FL 33702-5226

726 75TH AVENUE N.
P O BOX 49401
ST PETERSBURG FL 33702-5226



3. Date Incorporated or Qualified
11/05/1965

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21 726-75th Avenue North

26 P.O. Box 49401

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 ST. Petersburg, FL

28 ST. Petersburg, FL

Zip

Country

Zip

Country

24 33702-5226

25 Pinellas

29 33743-9401

30 Pinellas

4. FEI Number

59-6135906

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$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

NORTHUP, KEITH L.
8896 78TH PLACE NORTH
SEMINOLE FL 34647-3377

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 PD
NAME NORTHUP, KEITH L.
STREET ADDRESS 8896 78TH PLACE NORTH
CITY-ST-ZIP LARGO FL 33777 ☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE V
NAME RANDELS, ROCKY
STREET ADDRESS P.O. BOX 103441 N/A
CITY-ST-ZIP TAMPA FL ☒ DELETE

2.1 TITLE D N/A
2.2 NAME Dolcimascolo, Sam
2.3 STREET ADDRESS P. O. Box 8
2.4 CITY-ST-ZIP Indian Rocks Beach, FL 34635-0008 ☐ Change ☒ Addition

TITLE D
NAME MILLS, HAROLD E.
STREET ADDRESS 2777 WISTERIA PLACE
CITY-ST-ZIP SARASOTA FL 34239 ☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME MILLER, MIKE
STREET ADDRESS 6501 LIVINGSTON AVENUE NORTH
CITY-ST-ZIP ST PETERSBURG FL ☒ DELETE

4.1 TITLE D
4.2 NAME Jilek, Robert
4.3 STREET ADDRESS 11840 - 71st Circle North
4.4 CITY-ST-ZIP Largo, FL 33773-3293 ☐ Change ☒ Addition

TITLE ST
NAME MARKEY, JAMES E.
STREET ADDRESS 726 75TH AVENUE NORTH
CITY-ST-ZIP STT. PETERSBURG FL 33702-5226 ☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME POPE, DALE
STREET ADDRESS 4557 FIFTH AVENUE NORTH
CITY-ST-ZIP ST. PETERSBURG FL 33713 ☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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.

James E. Markey 4/11/97 813-526-6707

CR2E037 (9/96)