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Apr 06 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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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 33710-9401**

**P.O. BOX 49401  
ST. PETERSBURG FL 33743-9401**

3. Date Incorporated or Qualified

**11/05/1965**

4. FEI Number

**59-6135906**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

**21** Suite, Apt. #, etc.

**26** Suite, Apt. #, etc.

**22** City & State

**27** City & State

**23** Zip

Country

**28** Zip

Country

**24**

**25**

**29**

**30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**NORTHUP, KEITH L.  
8696 78TH PLACE NORTH  
SEMINOLE FL 33777**

**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 ☐ DELETE

**PD  
NORTHUP, KEITH L.  
8696 78TH PLACE NORTH  
LARGO FL**

1.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

**D  
DOLCIMASCOLO, SAM  
P.O. BOX 8 (NA)  
INDIAN ROCKS BEACH FL 34635-0008**

1.2 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

**D  
MILLS, HAROLD E.  
2777 WISTERIA PLACE  
SARASOTA FL**

1.3 STREET ADDRESS ☐ Change ☐ Addition

TITLE ☐ DELETE

**D  
JLEK, ROBERT  
11840 71ST CIR. N.  
LARGO FL 33773-3283**

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

**ST  
MARKEY, JAMES E.  
726 75TH AVENUE NORTH  
STT. PETERSBURG FL 33702-5226**

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

**D  
POPE, DALE  
4557 FIFTH AVENUE NORTH  
ST. PETERSBURG FL**

2.2 NAME ☐ Change ☐ Addition

2.3 STREET ADDRESS ☐ Change ☐ Addition

2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME ☐ Change ☐ Addition

3.3 STREET ADDRESS ☐ Change ☐ Addition

3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME ☐ Change ☐ Addition

4.3 STREET ADDRESS ☐ Change ☐ Addition

4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME ☐ Change ☐ Addition

5.3 STREET ADDRESS ☐ Change ☐ Addition

5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME ☐ Change ☐ Addition

6.3 STREET ADDRESS ☐ Change ☐ Addition

6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I 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:

*James E. Markey*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**James E. Markey**

**4/1/98**

**813-526-6707**

Date

Daytime Phone # 0052383

CR2E037 (10/97)