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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**May 17, 1999 8:00 am**  
**Secretary of State**

05-17-1999 90081 028 \*\*\*\*61.25

**DOCUMENT # 709884**

1. Corporation Name

**FLORIDA POSTAL BENEFIT ASSOCIATION, INC.**

Principal Place of Business

726 75TH AVENUE N.  
P O BOX 49401  
ST PETERSBURG FL 33710-9401

Mailing Address

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

11/05/1965

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

TITLE **PD** ☐ DELETE

NAME **NORTHUP, KEITH L.**  
STREET ADDRESS **8696 78TH PLACE NORTH**  
CITY-ST-ZIP **LARGO FL**

TITLE **D** ☐ DELETE

NAME **DOLCIMASCOLO, SAM**  
STREET ADDRESS **P.O. BOX 8 (NA)**  
CITY-ST-ZIP **INDIAN ROCKS BEACH FL 34635-0008**

TITLE **D** ☐ DELETE

NAME **MILLS, HAROLD E.**  
STREET ADDRESS **2777 WISTERIA PLACE**  
CITY-ST-ZIP **SARASOTA FL**

TITLE **D** ☐ DELETE

NAME **JILEK, ROBERT**  
STREET ADDRESS **11840 71ST CIR. N.**  
CITY-ST-ZIP **LARGO FL 33773-3293**

TITLE **ST** ☐ DELETE

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

TITLE **D** ☐ DELETE

NAME **POPE, DALE**  
STREET ADDRESS **4557 FIFTH AVENUE NORTH**  
CITY-ST-ZIP **ST. PETERSBURG FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

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

**James E. Markey 5/1/99 (727) 526-6707**

Date

Daytime Phone #

CR2E037 (1/98)