

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 24, 2008 8:00 am
Secretary of State

03-24-2008 90045 009 ****61.25

DOCUMENT # 713234			
1. Entity Name LETTER CARRIER HOLDING CORPORATION, BRANCH 2550, INC.			
Principal Place of Business 3062 NW 60 AVE. FT LAUDERDALE FL 33313		Mailing Address 3062 NW 60 AVE. FT LAUDERDALE FL 33313	
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 (10/07)

6. Name and Address of Current Registered Agent CARTER, NOLA 3062 NW 60 AVE FORT LAUDERDALE FL 33313-1203		7. Name and Address of New Registered Agent Name DOUG GRAUE Street Address (P.O. Box Number is Not Acceptable) 3062 NW 60 AVE City PORT LAUDERDALE FL Zip Code 33313-1203	
---	--	--	--

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

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/5/08
DATE

FILE NOW FEE IS \$61.25 Due By: May 1, 2008	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	T ZIBROSKY, ROSEMARIE 670 SW 66 AVE MARGATE FL 33068 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER TAMMIE JO CADWELL 2972 NW 69 COURT FORT LAUDERDALE FL 33309-1351 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C CARTER, NOLA 1101 SW 39 AVE FORT LAUDERDALE FL 33312 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR NOLA CARTER 1101 SW 39 AVE FORT LAUDERDALE FL 33312 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S O'KEEFE, BILL 8330 NW 18 ST PEMBROKE PINES FL 33024 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY THELMA BURNS 1507 ARGYLE DRIVE #204 FORT LAUDERDALE FL 33312 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRAUE, DOUGLAS 6078 NW 88 AVE FORT LAUDERDALE FL 33321 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHAIRMAN DOUG GRAUE 6078 NW 88 AVE FORT LAUDERDALE FL 33321 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MCMAHON, DON 5962 NW 93 TERR FORT LAUDERDALE FL 33321 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE CHAIRMAN MILA SANTOS 2608 OAK PARK CIRCLE DAVIE FL 33328-6982 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALLEN, VERA 2011 NW 55 AVE #301 FORT LAUDERDALE FL 33313 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR TOM LOPRESTI 908 SW 149 TERR SUNRISE FL 33326-1948 ☒ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/08 954 572 3062