

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

FILED
Apr 22, 2008 8:00 am
Secretary of State

04-22-2008 90020 030 ****70.00

DOCUMENT # 723059

1. Entity Name

LAKELAND LETTER CARRIERS ASSOCIATION, INC.



Principal Place of Business

**2434 GOLFWAY ST.
P.O. BOX 3343
LAKELAND FL 33802-0343**

Mailing Address

**2434 GOLFWAY ST.
P.O. BOX 3343
LAKELAND FL 33802-3343
US**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

PO BOX 3343

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LAKELAND FL.

Zip

Country

Zip

Country

33802

USA

4. FEI Number

59-1727916

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GIBSON, CARY RAY
4075 BUTTON BUSH CIRCLE
LAKELAND FL 33-8119**

Name **CORY RAY GIBSON**

Street Address (P.O. Box Number is Not Acceptable)

3545 MARSH WREN ST.

City **LAKELAND**

FL

Zip Code **33811**

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

Cory Ray Gibson

Signature of registered agent and the applicable.

(NOTE: Registered Agent Signature required when resigning)

DATE

4.8.8

**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 ☒ Delete
NAME **BALDWIN, JERRY A**
STREET ADDRESS **2646 RALPH RD**
CITY-ST-ZIP **LAKELAND FL 33801**

TITLE ☒ Change ☐ Addition
NAME **RUDY MARTE**
STREET ADDRESS **4023 DUKE FIRTH ST.**
CITY-ST-ZIP **LAND-O-LAKES FL 34638**

TITLE ☐ Delete
NAME **REPINE, ALLEN**
STREET ADDRESS **305 GREENWOODS DR.**
CITY-ST-ZIP **LAKELAND FL 33813**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Delete
NAME **KING, HORACE**
STREET ADDRESS **7776 MANOR DR**
CITY-ST-ZIP **LAKELAND FL 33810**

TITLE ☒ Change ☐ Addition
NAME **JOHN MITCHELL**
STREET ADDRESS **1440 7TH ST. S.E.**
CITY-ST-ZIP **WINTER HAVEN FL 33880**

TITLE ☐ Delete
NAME **EXVP
FORE, STEVEN D**
STREET ADDRESS **3618 MILEMAN DR S**
CITY-ST-ZIP **LAKELAND FL 33810**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **SULLIVAN, KIRT W M**
STREET ADDRESS **37402 MERIDIAN AVE**
CITY-ST-ZIP **DADE CITY FL 33525**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **GIBSON, CORY RAY**
STREET ADDRESS **4045 BUTTON BUSH CIRCLE**
CITY-ST-ZIP **LAKELAND FL 33811-3221**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Cory R. Gibson* **CORY R. GIBSON**

4.8.8

863.398.1477