

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 723059

FILED
Jan 26, 2009
Secretary of State

Entity Name: LAKELAND LETTER CARRIERS ASSOCIAION, INC.

Current Principal Place of Business:

2434 GOLFVIEW ST.
P.O. BOX 3343
LAKELAND, FL 338020343

New Principal Place of Business:

2434 GOLFVIEW ST.
LAKELAND, FL 33801 US

Current Mailing Address:

PO BOX 3343
LAKELAND, FL 33802 US

New Mailing Address:

FEI Number: 59-1727916 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GIBSON, CORY RAY
3545 MARSH LIREN ST
LAKELAND, FL 33811 US

Name and Address of New Registered Agent:

GIBSON, CORY RAY SR
3545 MARSH LIREN ST
LAKELAND, FL 33811 US

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.

SIGNATURE: CORY RAY GIBSON SR.

01/26/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: RUBY, MARIE
Address: 4023 DUKE FIRTH ST
City-St-Zip: LAND O LAKES, FL 34638

Title: T () Delete
Name: REPINE, ALLEN
Address: 305 GREENWOODS DR.
City-St-Zip: LAKELAND, FL 33813

Title: T () Delete
Name: MITCHELL, JOHN
Address: 1440 7TH ST. SE
City-St-Zip: WINTER HAVEN, FL 33880

Title: EXVP () Delete
Name: FORE, STEVEN D
Address: 3618 MILEMAN DR S
City-St-Zip: LAKELAND, FL 33810

Title: P () Delete
Name: SULLIVAN, KIRT W M
Address: 37402 MERIDIAN AVE
City-St-Zip: DADE CITY, FL 33525

Title: ST () Delete
Name: GIBSON, CORY RAY
Address: 4045 BUTTON BUSH CIRCLE
City-St-Zip: LAKELAND, FL 338113221

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CORY RAY GIBSON SR.

ST

01/26/2009

Electronic Signature of Signing Officer or Director

Date