


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Jan 20, 2006 08:00 AM  
Secretary of State**

<b>DOCUMENT # 726227</b> 1. Entity Name <b>LOCAL UNION 1026, INC.</b>	
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Principal Place of Business <b>2727 S. PARK RD. HALLANDALE, FL 33009</b>	Mailing Address <b>2727 S. PARK RD. HALLANDALE, FL 33009</b>
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01102006 No Chg-NP

CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-1882481</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>D'ANGELO, FRANK 2727 SOUTH PARK ROAD HALLANDALE, FL 33009</b>
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**DO NOT WRITE  
IN THIS SPACE**

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  DATE **1-13-06**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MENDOZA, DAN C 2727 S. PARK RD. HALLANDALE, FL 33009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SCROGGINS, LARRY 2727 S. PARK RD. HALLANDALE, FL 33009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FS D'ANGELO, FRANK 2727 S. PARK RD HALLANDALE, FL 33009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SELNICKI, HARRY 2727 S. PARK RD. HALLANDALE, FL 33009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MCLAUGHLIN, NORBER 2727 S. PARK RD. HALLANDALE, FL 33009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RS NEVLING, MARY 2727 SOUTH PARK RD HALLANDALE, FL 33009

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  **Frank D'Angelo f.s.** DATE **1-13-06** DAYTIME PHONE # **954-981-1810**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR