

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 733491

FILED
Apr 16, 2009
Secretary of State

Entity Name: BROWARD COUNTY AREA LOCAL 1201, AMERICAN POSTAL WORKERS UNION, INC.

Current Principal Place of Business:

6500 W SUNRISE BLVD.
PLANTATION, FL 33313

New Principal Place of Business:

Current Mailing Address:

6500 W SUNRISE BLVD.
PLANTATION, FL 33313

New Mailing Address:

FEI Number: 59-1545788

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOHNSON, CARL
6500 W SUNRISE BLVD.
PLANTATION, FL 33313 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: PIERCE, CAROLYN
Address: 1271 W FAIRWAY ROAD
City-St-Zip: PEMBROKE PINES, FL 33023

Title: VD () Delete
Name: RIDDELL, JEFF
Address: 885 NW 80 TER
City-St-Zip: MARGATE, FL 33063

Title: STD () Delete
Name: JOHNSON, CARL
Address: 11601 NW 29 ST
City-St-Zip: SUNRISE, FL 33323

Title: D () Delete
Name: NORTH, DIANE
Address: 1421 SW 110 WAY
City-St-Zip: DAVIE, FL 33324

Title: D () Delete
Name: PICK, WILLIAM
Address: 6018 SW 35TH ST #205
City-St-Zip: MIRAMAR, FL 33023

Title: D () Delete
Name: MUNOZ, SANDRA
Address: 15321 SW 32 TER
City-St-Zip: MIAMI, FL 33185

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
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: CARL JOHNSON

STD

04/16/2009

Electronic Signature of Signing Officer or Director

Date