

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 735488

FILED
Apr 18, 2005
Secretary of State

Entity Name: SARASOTA LETTER CARRIERS BENEVOLENT ASSOCIATION, INC.

Current Principal Place of Business:

4350 - 17TH STREET
P.O. BOX 17123
SARASOTA, FL 34276 US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 17123
SARASOTA, FL 34276 US

New Mailing Address:

FEI Number: 59-6204727

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JANNETTE, LINDA
4350 17TH ST
SARASOTA, FL 34235 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: D () Delete
Name: ATKINSON, BOB
Address: 4350 17TH ST.
City-St-Zip: SARASOTA, FL 34235

Title: C () Delete
Name: JANNETTE, LINDA
Address: 4350 17TH ST
City-St-Zip: SARASOTA, FL 34235

Title: D () Delete
Name: VOGELSONG, SCOTT,
Address: 4350 17TH ST.
City-St-Zip: SARASOTA, FL 34235

Title: T () Delete
Name: MANCHEND, TONY
Address: 4350 17TH ST.
City-St-Zip: SARASOTA, FL 34235

Title: SD () Delete
Name: MCDONALD, JIM
Address: 4350 17TH STREET
City-St-Zip: SARASOTA, FL 34235

Title: D () Delete
Name: DELPERO, JAMIE
Address: 4350 17TH ST.
City-St-Zip: SARASOTA, FL 34235

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: D (X) Change () Addition
Name: MCDONALD, JIM
Address: 4350 17TH STREET
City-St-Zip: SARASOTA, FL 34235

Title: SD (X) Change () Addition
Name: DELPERO, JAMIE
Address: 4350 17TH ST.
City-St-Zip: SARASOTA, FL 34235

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: TONY MANCHENO

TREA

04/18/2005

Electronic Signature of Signing Officer or Director

Date