

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 735488

FILED
Mar 19, 2009
Secretary of State

Entity Name: SARASOTA LETTER CARRIERS BENEVOLENT ASSOCIATION, INC.

Current Principal Place of Business:

4350 - 17TH STREET
SARASOTA, FL 34235 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:

DELPERO, JAMES
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: DELGROSSO, RICHARD
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: D () Delete
Name: GOMEZ, LEROY
Address: 4350 17TH STREET
City-St-Zip: SARASOTA, FL 34235

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

Title: () Delete
Name:
Address:
City-St-Zip:

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

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: TONY MANCHENO

TREA

03/19/2009

Electronic Signature of Signing Officer or Director

Date