

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 27 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **749852** (0)

1. Corporation Name

CENTRAL FLORIDA AREA POSTAL WORKERS UNION LAND & BUILDING COMPANY, INC.

Principal Place of Business

Mailing Address

**919 NORTH PINE HILLS ROAD
ORLANDO FL 32808**

**919 NORTH PINE HILLS ROAD
ORLANDO FL 32808-7211**



2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

11/19/1979

3a. Date of Last Report

08/22/1996

4. FEI Number

59-2003697

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐

Yes

☐

No

10. Name and Address of New Registered Agent

**LAKE, WILLIAM H.
919 NORTH PINE HILLS ROAD
ORLANDO FL 32808**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent of both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1/13/97

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	LAKE, WILLIAM	
STREET ADDRESS	952 JUNIPER CT.	
CITY-ST-ZIP	KISSIMMEE FL 34743	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	MARRA, FRANK P	
STREET ADDRESS	2857 WHISPER LAKES CLUB CIR	
CITY-ST-ZIP	ORLANDO FL 32837	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LYNCH, WILLIAM	
STREET ADDRESS	340 LAKE POINT PLACE	
CITY-ST-ZIP	MERRITT ISLAND FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HAGAMAN, MAGGIE	
STREET ADDRESS	P.O. BOX 536356 N/A	
CITY-ST-ZIP	ORLANDO FL 32853	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed on an attachment with an address.

SIGNATURE:

Sandra B. Mortham

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/97

Date

285-4640

Daytime Phone # 0016874

CR2E037 (9/96)