

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000003648

FILED
Mar 22, 2009
Secretary of State

Entity Name: MID-FLORIDA LOCAL #7138 APWU, INC.

Current Principal Place of Business:

800 RINEHART ROAD
LAKE MARY, FL 32799

New Principal Place of Business:

Current Mailing Address:

PO BOX 952408
LAKE MARY, FL 32795 24

New Mailing Address:

FEI Number: 59-3155696

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATE CREATIONS NETWORK INC.
11380 PROSPERITY FARMS ROAD #221E
PALM BEACH GARDENS,, FL 33410 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: P () Delete
Name: RHODEN, LEESA
Address: PO BOX 952408
City-St-Zip: LAKE MARY, FL 32795

Title: W () Delete
Name: WILLIAMS, IAN
Address: PO BOX 952408
City-St-Zip: LAKE MARY, FL 32795

Title: D () Delete
Name: SCUDERO, STEVE
Address: PO BOX 952408
City-St-Zip: LAKE MARY, FL 32795

Title: D () Delete
Name: SPADE, ROSEMARY
Address: PO BOX 952408
City-St-Zip: LAKE MARY, FL 32795

Title: D () Delete
Name: LAFLEUR, RENEE
Address: PO BOX 952408
City-St-Zip: LAKE MARY, FL 32795

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:

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: IAN WILLIAMS

S/T

03/22/2009

Electronic Signature of Signing Officer or Director

Date