2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 15, 2004
Secretary of State

DOCUMENT# N00000004053

Entity Name: SOUTHWEST FLORIDA AREA LOCAL AMERICAN POSTAL WORKERS UNION AFL-CIO, INC.

Current Principal Place of Business:

11000 METRO PARWAY
SUITE 8
FT. MYERS, FL 33912

New Principal Place of Business:

Current Mailing Address:

11000 METRO PARWAY
SUITE 8
FT. MYERS, FL 33912

New Mailing Address:

FEI Number: 59-1837980 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WOOD, SAMUEL
SOUTHWEST FLORIDA AREA LOCAL, INC.
APWU 11000 METRO PARKWAY, SUITE #8
FT. MYERS, FL 33907 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:	WOOD, SAMUEL E	
Address:	11000 METRO PARKWAY, SUITE #8	
City-St-Zip:	FORT MYERS, FL 33912	
Title:	VP	( ) Delete
Name:	GRANT, DAVID	
Address:	11000 METRO PARKWAY, SUITE #8	
City-St-Zip:	FORT MYERS, FL 33912	
Title:	ST	( ) Delete
Name:	LEE, II, JAMES	
Address:	11000 METRO PARKWAY, SUITE #8	
City-St-Zip:	FORT MYERS, FL 33912	
Title:	T	( ) Delete
Name:	GLEASON, RODNEY	
Address:	11000 METRO PARKWAY, SUITE #8	
City-St-Zip:	FORT MYERS, FL 33912	
Title:	T	( ) Delete
Name:	HARDAMEN, EDWARD	
Address:	11000 METRO PARKWAY, SUITE #8	
City-St-Zip:	FORT MYERS, FL 33912	
Title:	T	( ) Delete
Name:	JOHNSON, BERNIE	
Address:	11000 METRO PARKWAY, SUITE #8	
City-St-Zip:	FORT MYERS, FL 33912	

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 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: JAMES LEE II ST 07/15/2004
Electronic Signature of Signing Officer or Director — Date