2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000004053

FILED Feb 13, 2008 Secretary of State

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

Current Principal Place of Business:			New Prince	New Principal Place of Business:	
1000 ME	TRO PARWAY				
	S, FL 33966	US			
current Mailing Address:			New Maili	New Mailing Address:	
	TRO PARWAY				
SUITE 8 T. MYER	S, FL 33966	US			
El Number	: 59-1837980	FEI Number Applied For ()	FEI Number Not Appl	licable () Certificate of Status Desired ()	
ame and	Address of C	urrent Registered Agent:	: Name and	Address of New Registered Agent:	
PWU 110	EST FLORIDA	AREA LOCAL, INC. ARKWAY, SUITE #8 JS			
	named entity s e of Florida.	submits this statement for th	ne purpose of changing i	its registered office or registered agent, or both	
IGNATUI	RE:				
	Electron	ic Signature of Registered	Agent	Date	
FFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	
tle: ame: ldress: ty-St-Zip:	WOOD, SAMUE	PARKWAY, SUITE #8	Title: Name: Address: City-St-Zip:	() Change () Addition	
tle: ame: ldress: ty-St-Zip:	GRANT, DAVID	Delete PARKWAY, SUITE #8 FL 33966	Title: Name: Address: City-St-Zip:	() Change () Addition	
	ST ()	Delete	Title:	S/T (X) Change () Addition	
tle: ame: ddress: ity-St-Zip:	CARPUS, DON	PARKWAY, SUITE #8 FL 33966	Name: Address: City-St-Zip:	GLUHAREFF, FELICIA M 11000 METRO PARKWAY, SUITE #8 FORT MYERS, FL 33936	
ame: ddress:	CARPUS, DON 11000 METRO FORT MYERS, T () GLUHAREFF, F	FL 33966 Delete ELICIA PARKWAY, SUITE #8	Address: City-St-Zip: Title: Name: Address:	11000 METRO PARKWAY, SUITE #8	
ame: ldress: ty-St-Zip: tle: ame: ldress:	CARPUS, DON 11000 METRO FORT MYERS, T () GLUHAREFF, F 11000 METRO FORT MYERS, T () BRILLHART, HE	FL 33966 Delete ELICIA PARKWAY, SUITE #8 FL 33966 Delete ELEN PARKWAY, SUITE #8	Address: City-St-Zip: Title: Name: Address:	11000 METRO PARKWAY, SUITE #8 FORT MYERS, FL 33936 S/T (X) Change () Addition GLUHAREFF, FELICIA 11000 METRO PARKWAY, SUITE #8	

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: FELICIA GLUHAREFF S/T 02/13/2008