

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000004053

FILED
Apr 11, 2011
Secretary of State

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 33966 US

New Principal Place of Business:

Current Mailing Address:

11000 METRO PARWAY
SUITE 8
FT. MYERS, FL 33966 US

New Mailing Address:

FEI Number: 59-1837980

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WOOD, SAMUEL
SOUTHWEST FLORIDA AREA LOCAL, INC.
APWU 11000 METRO PARKWAY, SUITE #8
FT. MYERS, FL 33966 US

Name and Address of New Registered Agent:

GLUHAREFF, FELICIA
SOUTHWEST FLORIDA AREA LOCAL, INC.
APWU 11000 METRO PARKWAY, SUITE #8
FT. MYERS, FL 33966 US

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: FELICIA GLUHAREFF

04/11/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: WOOD, SAMUEL E
Address: 11000 METRO PARKWAY, SUITE #8
City-St-Zip: FORT MYERS, FL 33966

Title: VP
Name: GRAY, DANIEL
Address: 11000 METRO PARKWAY, SUITE #8
City-St-Zip: FORT MYERS, FL 33966

Title: S/T
Name: GLUHAREFF, FELICIA M
Address: 11000 METRO PARKWAY, SUITE #8
City-St-Zip: FORT MYERS, FL 33936

Title: S/T
Name: GLUHAREFF, FELICIA
Address: 11000 METRO PARKWAY, SUITE #8
City-St-Zip: FORT MYERS, FL 33966

Title: T
Name: WENDY, SKAFF
Address: 11000 METRO PARKWAY, SUITE #8
City-St-Zip: FORT MYERS, FL 33966

Title: T
Name: SKINNER, HELEN
Address: 11000 METRO PARKWAY, SUITE #8
City-St-Zip: FORT MYERS, FL 33966

I hereby 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 all other like empowered.

SIGNATURE: FELICIA GLUHAREFF

S/T

04/11/2011

Electronic Signature of Signing Officer or Director

Date