

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000004971

FILED
Apr 01, 2004
Secretary of State**Entity Name:** BRANCH 3761 LETTER CARRIER BENEFIT CORPORATION**Current Principal Place of Business:**403 HAWK STREET
ROCKLEDGE, FL 32955**New Principal Place of Business:****Current Mailing Address:**C/O NALC PLATINUM COAST BRANCH 3761
POST OFFICE BOX 1761
COCOA, FL 329231761**New Mailing Address:****FEI Number:** 59-2182259**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**JOHNSON, JOHN D
1267 CIRCLEWOOD DRIVE
MELBOURNE, FL 32935 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:** D () Delete
Name: JOHNSON, JOHN D
Address: 1267 CIRCLEWOOD DRIVE
City-St-Zip: MELBOURNE, FL 32935**Title:** D () Delete
Name: REICKS, CARL
Address: 5455 FRIENDLY STREET
City-St-Zip: PORT ST JOHN, FL 32927**Title:** D () Delete
Name: RICE, JOHN
Address: 3730 CANAVERAL GROVE BLVD.
City-St-Zip: COCOA, FL 32926**Title:** D () Delete
Name: HENDERSON, GERALD
Address: 1013 LAKEMOOR BOULEVARD
City-St-Zip: ROCKLEDGE, FL 32955**Title:** D () Delete
Name: RAZIS, VAN
Address: POST OFFICE BOX 560373
City-St-Zip: ROCKLEDGE, FL 329560373**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
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City-St-Zip:**Title:** () Change () Addition
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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: JOHN D. JOHNSON

D

04/01/2004

Electronic Signature of Signing Officer or Director

Date