
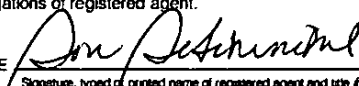



2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 16, 2005 8:00 am
Secretary of State

08-16-2005 90040 031 ****70.00

DOCUMENT # N02000004971 1. Entity Name BRANCH 3761 LETTER CARRIER BENEFIT CORPORATION			
Principal Place of Business 403 HAWK STREET ROCKLEDGE, FL 32955		Mailing Address C/O NALC PLATINUM COAST BRANCH 3761 POST OFFICE BOX 1761 COCOA, FL 32923-1761	
2. Principal Place of Business 817 DIXON BLVD Suite, Apt. #, etc. 5-C		3. Mailing Address SAME AS ABOVE Suite, Apt. #, etc.	
City & State Cocoa FLORIDA		City & State City INDIALANTIC	
Zip 32922		Country FL	
4. FEI Number 59-2182259		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JOHNSON, JOHN D 1287 CIRCLEWOOD DRIVE MELBOURNE, FL 32935		7. Name and Address of New Registered Agent Name DON DeSCHINCKEL Street Address (P.O. Box Number is Not Acceptable) 707 SOUTH PALM AVENUE City INDIALANTIC FL Zip Code 32903	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE  DON DeSCHINCKEL 8/11/2005 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting)</small>			
Filing Fee is \$61.25 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D JOHNSON, JOHN D 1267 CIRCLEWOOD DRIVE MELBOURNE, FL 32935 <input checked="" type="checkbox"/> Delete	TITLE	P/D NAGY, MICHAEL 6785 OPAL AVENUE COCOA, FL 32927 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D REICKS, CARL 5455 FRIENDLY STREET PORT ST JOHN, FL 32927 <input checked="" type="checkbox"/> Delete	TITLE	V/D DeSCHINCKEL, DON 707 SOUTH PALM AVENUE INDIALANTIC, FL 32903 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D RICE, JOHN 3730 CANAVERAL GROVE BLVD. COCOA, FL 32926 <input checked="" type="checkbox"/> Delete	TITLE	T/D HATCHETT, RUSS 5101 PALM AVENUE COCOA, FL 32926 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D HENDERSON, GERALD 1013 LAKEMOOR BOULEVARD ROCKLEDGE, FL 32955 <input checked="" type="checkbox"/> Delete	TITLE	S/D TURNANEN, YVONNE 4636 DIXIE AVENUE COCOA, FL 32927 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D RAZIS, VAN POST OFFICE BOX 560373 ROCKLEDGE, FL 329560373 <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE:  DON DeSCHINCKEL		8/11/2005 (321) 748-2141	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	