2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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Secretary of State
07-19-2006 90001 020 ****70.00

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1. Entity Name
BRANCH 3761 LETTER CARRIER BENEFIT CORPORATION

Principal Place of Business	Mailing Address
817 DIXON BOULEVARD SUITE 5-C COCOA, FL 32922 US	C/O NALC PLATINUM COAST BRANCH 3761 POST OFFICE BOX 1761 COCOA, FL 32923-1761

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03102006 No Chg-NP CR2E037 (11/05)

4. FEI Number
59-2182259
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DESCHINCKEL, DON
707 SOUTH PALM AVENUE
INDIALANTIC, FL 32903

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	NAGY, MICHAEL
STREET ADDRESS	6785 OPAL AVENUE
CITY-ST-ZIP	COCOA, FL 32927
TITLE	VD
NAME	DESCHINCKEL, DON
STREET ADDRESS	707 SOUTH PALM AVENUE
CITY-ST-ZIP	INDIALANTIC, FL 32903
TITLE	TD
NAME	HATCHETT, RUSS
STREET ADDRESS	5101 PALM AVENUE
CITY-ST-ZIP	COCOA, FL 32926
TITLE	SD
NAME	TUUNANEN, YVONNE
STREET ADDRESS	6836 DIXIE AVENUE
CITY-ST-ZIP	COCOA, FL 32927
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 Don DeSchinckel 4/13/6 321 768-2141
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #