2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2008
Secretary of State

DOCUMENT# N02000004971

Entity Name: BRANCH 3761 LETTER CARRIER BENEFIT CORPORATION

Current Principal Place of Business:

817 DIXON BOULEVARD
SUITE 5-C
COCOA, FL 32922 US

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:

DESCHINCKEL, DON
707 SOUTH PALM AVENUE
INDIALANTIC, FL 32903 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: PD ( ) Delete
Name: NAGY, MICHAEL
Address: 6785 OPAL AVENUE
City-St-Zip: COCOA, FL 32927

Title: VD ( ) Delete
Name: DESCHINCKEL, DON
Address: 707 SOUTH PALM AVENUE
City-St-Zip: INDIALANTIC, FL 32903

Title: TD ( ) Delete
Name: HATCHETT, RUSS
Address: 5101 PALM AVENUE
City-St-Zip: COCOA, FL 32926

Title: SD ( ) Delete
Name: TUUNANEN, YVONNE
Address: 6636 DIXIE AVENUE
City-St-Zip: COCOA, FL 32927

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
Name:
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 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: DON DESCHINCKEL VD 03/08/2008
Electronic Signature of Signing Officer or Director — Date