

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000004971

FILED  
Apr 16, 2009  
Secretary of State

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: PD (X) Change ( ) Addition  
Name: NAGY, MICHAEL  
Address: 6785 OPAL AVENUE  
City-St-Zip: COCOA, FL 32927 US

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

Title: TD (X) Change ( ) Addition  
Name: CROSBY, RAY  
Address: 2000 SR 524  
City-St-Zip: COCOA, FL 32903 US

Title: SD (X) Change ( ) Addition  
Name: DESCHINCKEL, DON  
Address: 707 SOUTH PALM AVENUE  
City-St-Zip: INDIALANTIC, FL 32903 US

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

04/16/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date