

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 01, 2005 8:00 am
Secretary of State

02-01-2005 90036 026 ****61.25

DOCUMENT # N03151

1. Entity Name

NORTHWEST FLORIDA LETTER CARRIERS, INC.



Principal Place of Business

**3817 NORTH S STREET
PENSACOLA FL 32505
US**

Mailing Address

**POST OFFICE BOX 17201
PENSACOLA FL 32522-7201
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
59-2480077

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**RYLAND, BARRY
4006 NOWLINBURY
PENSACOLA FL 32534**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	BOSWELL, DALE	
STREET ADDRESS	641 EAST JOHNSON AVE.	
CITY-ST-ZIP	PENSACOLA FL 32514	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	MILLER, DAVID	
STREET ADDRESS	5428 KAUFFMAN ROAD	
CITY-ST-ZIP	MILTON FL 32583	
TITLE	STD	<input type="checkbox"/> Delete
NAME	WHITE, LAJERROLD	
STREET ADDRESS	441 PEPPERTREE TERRACE	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	GOFF, HAROLD E., JR.	
STREET ADDRESS	3910 DURANGO DR.	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	TR	<input type="checkbox"/> Delete
NAME	BROOKS, JAMES	
STREET ADDRESS	1755 E TEXAR DRIVE	
CITY-ST-ZIP	PENSACOLA FL 32503	
TITLE	T	<input type="checkbox"/> Delete
NAME	LEE, WILLIE E	
STREET ADDRESS	3745 BAYOU BLVD	
CITY-ST-ZIP	PENSACOLA FL 32503	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PAMALA BOWEN	
STREET ADDRESS	6460 BELLVIEW PINE PLACE	
CITY-ST-ZIP	PENSACOLA, FL 32526-9061	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

Dale P. Boswell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-26-05 850-477-5259

Date

Daytime Phone #