

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 28, 2008 8:00 am
Secretary of State

02-28-2008 90021 024 ****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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E037 (10/07)

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

7. Name and Address of New Registered Agent

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

Name **DALE E. BOSWELL**

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

1620 E. LLOYD ST.

City **PENSACOLA**

FL

Zip Code **32503**

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

Dale E. Boswell

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2-19-08

**FILE NOW: FEE IS \$61.25
Due By May 1, 2008**

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** ☐ Delete
NAME **BOSWELL, DALE**
STREET ADDRESS **641 EAST JOHNSON AVE.**
CITY- ST- ZIP **PENSACOLA FL-32514**

TITLE **VPD** ☐ Delete
NAME **RYLAND, BARRY**
STREET ADDRESS **4006 NOWLINBURY**
CITY- ST- ZIP **PENSACOLA FL 32534**

TITLE **STD** ☐ Delete
NAME **WHITE, LAJERROLD**
STREET ADDRESS **441 PEPPERTREE TERRACE**
CITY- ST- ZIP **PENSACOLA FL**

TITLE **T** ☒ Delete
NAME **BOWEN, PAMALA**
STREET ADDRESS **6460 BELLVIEW PINE PLACE**
CITY- ST- ZIP **PENSACOLA FL 32526-9061**

TITLE **TR** ☐ Delete
NAME **BROOKS, JAMES**
STREET ADDRESS **1755 E TEXAR DRIVE**
CITY- ST- ZIP **PENSACOLA FL 32503**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☒ Change ☐ Addition
NAME **DAVID MILLER**
STREET ADDRESS **5428 KAUFFMAN RD.**
CITY- ST- ZIP **MILTON, FL. 32583**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☒ Addition
NAME **WILLIE LEE**
STREET ADDRESS **3745 BAYOU BLVD**
CITY- ST- ZIP **PENSACOLA, FL 32503**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

Dale E. Boswell

2-19-08

(850) 516-6448