

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03151

FILED
Apr 27, 2009
Secretary of State

Entity Name: NORTHWEST FLORIDA LETTER CARRIERS, INC.

Current Principal Place of Business:

3817 NORTH S STREET
PENSACOLA, FL 32505 US

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 17201
PENSACOLA, FL 325227201 US

New Mailing Address:

FEI Number: 59-2480077

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOSWELL, DALE E
1620 E LLOYD ST
PENSACOLA, FL 32503 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: BOSWELL, DALE
Address: 641 EAST JOHNSON AVE.
City-St-Zip: PENSACOLA, FL 32514

Title: VPD () Delete
Name: RYLAND, BARRY
Address: 4006 NOWLINBURY
City-St-Zip: PENSACOLA, FL 32534

Title: STD () Delete
Name: WHITE, LAJERROLD
Address: 441 PEPPER TREE TERRACE
City-St-Zip: PENSACOLA, FL

Title: T () Delete
Name: MILLER, DAVID
Address: 5428 LAIFFMAN RD
City-St-Zip: MILTON, FL 32583

Title: TR () Delete
Name: BROOKS, JAMES
Address: 1755 E TEXAR DRIVE
City-St-Zip: PENSACOLA, FL 32503

Title: T () Delete
Name: LEE, WILLIE
Address: 3745 BAYOU BLVD
City-St-Zip: PENSACOLA, FL 32503

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPD (X) Change () Addition
Name: MILLER, DAVID
Address: 5428 KAUFFMAN ROAD
City-St-Zip: MILTON, FL 32583

Title: STD (X) Change () Addition
Name: WHITE, LAJERROLD
Address: 6518 MINT JULEP TRAIL
City-St-Zip: PENSACOLA, FL 32526

Title: T (X) Change () Addition
Name: BOWEN, PAMALA
Address: 6460 BELLVIEW PINE PLACE
City-St-Zip: PENSACOLA, FL 32526

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: LAJERROLD A. WHITE

STD

04/27/2009

Electronic Signature of Signing Officer or Director

Date