2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 17, 2010
Secretary of State

DOCUMENT# N09000005695

Entity Name: UTILITY WORKERS UNION OF AMERICA LOCAL 551, INC

Current Principal Place of Business:

613 ST JOHNS AVE
101
PALATKA, FL 32177

New Principal Place of Business:

Current Mailing Address:

PO BOX 703
PALATKA, FL 32178

New Mailing Address:

FEI Number: 59-2678726 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

POUPARD, TOM
6577 BROOKLYN BAY RD
KEYSTONE HEIGHTS, FL 32656 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: PRES
Name: JOHNSON, MICHAEL
Address: 1110 TIERRA WOODS DRIVE
City-St-Zip: PALATKA, FL 32177

Title: VP
Name: BOLEN, RANDALL
Address: PO BOX 1292
City-St-Zip: SAN MATEO, FL 32187

Title: SEC
Name: CARNAHAN, KELLY
Address: 1168 RUTH AVENUE
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: TRES
Name: POUPARD, TOM
Address: 6577 BROOKLYN BAY RD
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

Title: TRUS
Name: RIDDLE, IAN
Address: 103 ATKINS LANE
City-St-Zip: EAST PALATKA, FL 32131

Title: TRUS
Name: WILKINSON, DONALD
Address: 328 E END ROAD
City-St-Zip: SAN MATEO, FL 32187

I hereby 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 all other like empowered.

SIGNATURE: TOM POUPARD TRES 06/17/2010

Electronic Signature of Signing Officer or Director — Date