

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 26, 2004 8:00 am
Secretary of State

03-26-2004 90023 005 ****61.25

DOCUMENT # N16274

1. Entity Name

**LETTER CARRIER HOLDING CORPORATION, BRANCH
2689, INC.**



Principal Place of Business

**1497 GUAVA AVE
MELBOURNE FL 32935
US**

Mailing Address

**P O BOX 120128
WEST MELBOURNE FL 32912
US**

44061403



MOORE CR2E037 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-6194534

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**MONOPOLI, MICHAEL
969 SONESTA AVE N E
E-201
PALM BAY FL 32905**

Name

MONOPOLI, MICHAEL

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

311 E PALMETTO AVE

City

MELBOURNE

FL

Zip Code

32901

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, 2004**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME **P MONOPOLI, MICHAEL**
STREET ADDRESS **311 E PALMETTO AVE**
CITY-ST-ZIP **MELBOURNE FL 32901**

TITLE ☐ Change ☐ Addition
NAME **P MONOPOLI, MICHAEL**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **TR LOVETT, JOHN B**
STREET ADDRESS **1249 CANNON ST**
CITY-ST-ZIP **MELBOURNE FL 32935**

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

TITLE ☐ Delete
NAME **C PEARSON, GEORGE**
STREET ADDRESS **520 SHERIDAN AVE**
CITY-ST-ZIP **SATELLITE BEACH FL 32937**

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

TITLE ☐ Delete
NAME **S CLARK, MICHAEL**
STREET ADDRESS **550 PRELUDE ST N W**
CITY-ST-ZIP **PALM BAY FL 32907**

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

TITLE ☐ Delete
NAME **D SHEEHAN, DANIEL**
STREET ADDRESS **1835 MINUTEMEN CAUSEWAY #103**
CITY-ST-ZIP **COCOA BEACH FL 32931**

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

TITLE ☐ Delete
NAME **T OXENDINE, SHARON**
STREET ADDRESS **413 FILLMORE AVE N E**
CITY-ST-ZIP **PALM BAY FL 32907**

TITLE ☒ Change ☐ Addition
NAME **T OXENDINE, SHARON**
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:

MICHAEL CLARK
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/04
Date

321-543-9227
Daytime Phone #