

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

FILED

Feb 19, 2008 08:00 AM
Secretary of State

DOCUMENT # N16274

1. Entity Name

LETTER CARRIER HOLDING CORPORATION, BRANCH
2689, INC.



Principal Place of Business

Mailing Address

1497 GUAVA AVE
MELBOURNE FL 32935
US

P O BOX 120128
WEST MELBOURNE FL 32912
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

4. FEI Number

59-6194534

Applied For

No: 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

MONOPOLI, MICHAEL
311 E PALMETTO AVE.
MELBOURNE FL 32901

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 re-registering)

DATE

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

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

TITLE ☐ Delete
NAME C
STREET ADDRESS DELAGE, DAVE
CITY-ST-ZIP 141 SE 2ND ST
SATELLITE BEACH FL 32937

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

TITLE ☐ Delete
NAME D
STREET ADDRESS DOLACK, FRANK
CITY-ST-ZIP 6157 ARLINGTON CIRCLE
MELBOURNE FL 32940

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS U000000832398
CITY-ST-ZIP 02/27/08-80057-013 61.25

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

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

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: *Sharon Oxendine*

2-13-08

321-271-9865