

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16274

FILED
Jul 01, 2009
Secretary of State

Entity Name: LETTER CARRIER HOLDING CORPORATION, BRANCH 2689, INC.

Current Principal Place of Business:

1497 GUAVA AVE
MELBOURNE, FL 32935 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 120128
WEST MELBOURNE, FL 32912 US

New Mailing Address:

FEI Number: 59-6194534 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MONOPOLI, MICHAEL
311 E PALMETTO AVE.
MELBOURNE, FL 32901 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: P () Delete
Name: MONOPOLI, MICHAEL
Address: 311 E PALMETTO AVE
City-St-Zip: MELBOURNE, FL 32901

Title: TR () Delete
Name: LOVETT, JOHN B
Address: 1249 CANNON ST
City-St-Zip: MELBOURNE, FL 32935

Title: C () Delete
Name: DELAGE, DAVE
Address: 141 SE 2ND ST
City-St-Zip: SATELLITE BEACH, FL 32937

Title: S () Delete
Name: CLARK, MICHAEL
Address: 550 PRELUDE ST N W
City-St-Zip: PALM BAY, FL 32907

Title: D () Delete
Name: DOLACK, FRANK
Address: 6157 ARLINGTON CIRCLE
City-St-Zip: MELBOURNE, FL 32940

Title: T () Delete
Name: OXENDINE, SHARON
Address: 413 FILLMORE AVE N E
City-St-Zip: PALM BAY, FL 32907

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: SHARON OXENDINE

T

07/01/2009

Electronic Signature of Signing Officer or Director

Date