

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 26, 1999 8:00 am
Secretary of State

03-26-1999 90028 039 ****61.25

DOCUMENT # N34902

1. Corporation Name

BRANCH 1477-NATIONAL ASSOCIATION OF LETTER CARRIERS, INC.

Principal Place of Business

C/O JUSTIN C. JOHNSON ESQUIRE
1135 SOUTH PASADENA AVENUE SUITE 107
ST. PETERSBURG FL 33707

Mailing Address

C/O JUSTIN C. JOHNSON ESQUIRE
1135 SOUTH PASADENA AVENUE SUITE 107
ST. PETERSBURG FL 33707



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

10/26/1989

4. FEI Number

59-6138448

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

JOHNSON, JUSTIN C. ESQUIRE
1135 SOUTH PASADENA AVENUE SUITE 107
ST. PETERSBURG FL 33707

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME ELLIOTT, ORVILLE D.
STREET ADDRESS 101 78TH AVE. N.E.
CITY-ST-ZIP ST. PETERSBURG FL ☐ DELETE

TITLE VD
NAME STROUP, LESLIE
STREET ADDRESS 9098 108TH AVE. N.
CITY-ST-ZIP LARGO FL ☐ DELETE

TITLE D
NAME NORTHUP, KEITH L. S
STREET ADDRESS 8696 78TH PLACE N.
CITY-ST-ZIP SEMINOLE FL ☒ DELETE

TITLE S
NAME STRZYNSKI, HAROLD
STREET ADDRESS 801 83RD AVE., NORTH #226
CITY-ST-ZIP ST. PETERSBURG FL ☐ DELETE

TITLE T
NAME HENSCHEN, JOSEPH A
STREET ADDRESS 1934 CAESAR WAY SOUTH
CITY-ST-ZIP ST. PETERSBURG FL ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE D
3.2 NAME Welsh, Gregory L.
3.3 STREET ADDRESS 12196 -- 145th Street
3.4 CITY-ST-ZIP Largo, FL 33774-3353 ☐ Change ☒ Addition

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
O. D. ELLIOTT President

3/18/99

727-531-1478

Date

Daytime Phone #

CR2E037 (11/98)