

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N37215

FILED
Apr 15, 2009
Secretary of State

Entity Name: NAPLES LETTER CARRIERS CORPORATION

Current Principal Place of Business:

C/O JESSE A. COSTIN
P O BOX 7131
NAPLES, FL 339414131

New Principal Place of Business:

C/O JESSE A. COSTIN
4406 EXCHANGE AVE #131
NAPLES, FL 339414131

Current Mailing Address:

C/O JESSE A. COSTIN
P O BOX 7131
NAPLES, FL 339414131

New Mailing Address:

C/O JESSE A. COSTIN
4406 EXCHANGE AVE #131
NAPLES, FL 339414131

FEI Number: 65-0339613

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COSTIN, JESSE A
4406 EXCHANGE AVE.
#131
NAPLES, FL 33942 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: PD () Delete
Name: COSTIN, JESSE A
Address: 232 GLEN EAGLE CIRCLE
City-St-Zip: NAPLES, FL 34104

Title: VD () Delete
Name: MICIEL, AL JR
Address: P.O. BOX 10018
City-St-Zip: NAPLES, FL 34101

Title: STD () Delete
Name: QUINN, CINDY
Address: 921 15TH ST SW
City-St-Zip: NAPLES, FL 34112

Title: TD () Delete
Name: WARNER, ELLEN
Address: 4120 4TH AVE NE
City-St-Zip: NAPLES, FL 34120

Title: D () Delete
Name: WATRAL, JOHN
Address: 505 WINDSOR SQ APT 202
City-St-Zip: NAPLES, FL 34104

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
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: ELLEN WARNER

TREA

04/15/2009

Electronic Signature of Signing Officer or Director

Date