SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305)

NONPROFIT CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 AUG -8 PM 2:40

DOCUMENT # N43563 (8)

1. Corporation Name

LEON COUNTY BLACK POSTAL WORKERS, INC.

Principal Place of Business	Mailing Address
4464 CAMDEN ROAD TALLAHASSEE FL 32303	4464 CAMDEN ROAD TALLAHASSEE FL 32303

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/23/1991
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-3064677 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ FILING FEE IS $61.25
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 2513 SAXON ST	26 2513 SAXON ST
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: TALLAHASSEE, FL	28 City & State: TALLAHASSEE, FL
24 Zip: 32310 25 Country	29 Zip: 32310 30 Country

9. Name and Address of Current Registered Agent

HILL, MORRIS
4464 CAMDEN ROAD
TALLAHASSEE FL 32303

10. Name and Address of New Registered Agent

81 Name: ROOSEVELT TRIPLETT
82 Street Address (P.O. Box Number is Not Acceptable): 2513 SAXON ST.
83
84 City: TALLAHASSEE FL 85 Zip Code: 32310

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: Roosevelt Triplett DATE: 8-5-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE	Chaplain	☒ Change ☐ Addition
NAME	HILL, MORRIS	1.2 NAME	JANICE STANLEY	
STREET ADDRESS	4464 CAMDEN ROAD	1.3 STREET ADDRESS	908 FRAZIER DR.	
CITY-ST-ZIP	TALLAHASSEE FL	1.4 CITY-ST-ZIP	TALLAHASSEE, FL. 32310	
TITLE	D	2.1 TITLE	SECRETARY	☐ Change ☒ Addition
NAME	TRIPLETT, ROOSEVELT	2.2 NAME	CYNTHIA RICHBERG	
STREET ADDRESS	2513 SAXON STREET	2.3 STREET ADDRESS	1418 CALIFORNIA ST	
CITY-ST-ZIP	TALLAHASSEE FL	2.4 CITY-ST-ZIP	TALLAHASSEE, FL 32304	
TITLE	D	3.1 TITLE	D	☐ Change ☒ Addition
NAME	GAYMON, JOHN	3.2 NAME	JIMMY THOMAS	
STREET ADDRESS	3008 MOCK DRIVE	3.3 STREET ADDRESS	4609 KILLIMORE LN	
CITY-ST-ZIP	TALLAHASSEE FL	3.4 CITY-ST-ZIP	TALLAHASSEE, FL 32308	
TITLE	SD	4.1 TITLE	D	☐ Change ☒ Addition
NAME	MOORE, CHERYL	4.2 NAME	CALVIN ENZOR	
STREET ADDRESS	ROUTE 6 BOX 520	4.3 STREET ADDRESS	915 1ST ST. S.E	
CITY-ST-ZIP	HAVANA FL	4.4 CITY-ST-ZIP	HAVANA, FL. 32333	
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	DAVIS, LORENZA	5.2 NAME		
STREET ADDRESS	8376 CHICKASAW TRAIL	5.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	COLSTON, OTTO	6.2 NAME		
STREET ADDRESS	2406 PONTIAC DRIVE	6.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL	6.4 CITY-ST-ZIP		

CR2E037 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Roosevelt Triplett 8-5-95 (904) 576-2958
SIGNATURE(S) & TYPED OR PRINTED NAME OF LICENSED OFFICER OR DIRECTOR — Date — Daytime Phone #
ROOSEVELT TRIPLETT

0002591