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NONPROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # N43563

(8)

LEON COUNTY BLACK POSTAL WORKERS, INC.

2. Principal Place of Business 2. Mailing Address 2. Mailing Address 2. Fill Number Suite, Apt. #, etc. 2. Suite, Apt. #, etc. 2. City & State 2. Country 2. Sup 2. Country 3. This corporation has lability for intangible tax unit provided Statutes Provide Statutes 1. Name TRIPLETT, ROOSEVELT 2. Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE FL 32310 1. 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 familiar with, and accept the obligations (Section 617.0503, Florida Statutes) Signature 1. 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 familiar with, and accept the obligations (Section 617.0503, Florida Statutes) Signature 1. Signature, typed or provided name of registered agent and the ill implicable 1. Signature, typed or provided name of registered agent and the ill implicable 3. Signature 3. Signature 3. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 1. Title 3. Signature 3. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 1. Title 3. Signature 4. Fel Number 5. Certificate of Status Desired 6. Election Campaign financing 7. The Contribution 1. Name and Address of New Registered Agent 1. Name 1. Name 1. Name 1. Name 1. Signature 1. Signature 1. Signature 1. Signature 1. S	Last Report 08/1995 Applied For Not Applicable 8.75 Additional Fee Required 5.00 May Be Added to Fees der s. 199.032, It Zip Code Its registered office ered agent. I am
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OFFICE FUNDAMENTOURS IN THE STATE OF THE STA	·
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)(k), Florida State oath; 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 oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required to Charter 37. Florida State oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required to Charter 37. Florida State oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this required to the corporation of th	

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE ORD DIRECTOR 4-2-96 [904) 576-2950

CR2E037 (12/95)