

FILED

Sep 02, 1999 8:00 am
Secretary of State

09-02-1999 90006 022 ****61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N43563

1. Corporation Name

LEON COUNTY BLACK POSTAL WORKERS, INC.

Principal Place of Business

2513 SAXON ST
TALLAHASSEE FL 32310
US

Mailing Address

2513 SAXON STREET
TALLAHASSEE FL 32310
US

614698-90005-378*



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		05/23/1991	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-3084677	
24 Country		29 Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TRIPLETT, ROOSEVELT
2513 SAXON STREET
TALLAHASSEE FL 32310

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 resigning)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STANLEY, JANICE	1.2 NAME	
STREET ADDRESS	908 FRAZIER DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	1.4 CITY-ST-ZIP	
TITLE	S	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHBERG, CYNTHIA	2.2 NAME	
STREET ADDRESS	1418 CALIFORNIA STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS, JIMMY	3.2 NAME	
STREET ADDRESS	4609 KILLMORE LANE	3.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ENZOR, CALVIN	4.2 NAME	DIRECTORS
STREET ADDRESS	915 1ST STREET SE	4.3 STREET ADDRESS	Cheryl Moore
CITY-ST-ZIP	HAVANA FL	4.4 CITY-ST-ZIP	Rt 6 Box 520
TITLE	D	5.1 TITLE	Helen D. Jones DIRECTORS
NAME	DAVIS, LORENZA	5.2 NAME	5677 Rustie Drive
STREET ADDRESS	8376 CHICKASAW TRAIL	5.3 STREET ADDRESS	TALLAHASSEE, FL 32303-6130
CITY-ST-ZIP	TALLAHASSEE FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-31-99

850-385-6352

CR2E037 (5/99)