

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N94000001953 (8)**

1. Corporation Name

**AMERICAN POSTAL WORKERS UNION, PENSACOLA AREA LO
CAL, TITLE HOLDING CORPORATION**

Principal Place of Business

Mailing Address

**2121 N. I STREET
PENSACOLA FL 32501
US**

**PO BOX 17551
PENSACOLA FL 32522**



3. Date Incorporated or Qualified
04/18/1994

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 2121 NORTH "I" STREET

26 P.O. BOX 17551

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 PENSACOLA, FLORIDA

28 PENSACOLA, FLORIDA

Zip

Country

Zip

Country

24 32501

25 FLORIDA

29 32522

30 FLORIDA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LEONARD, MICHAEL
2121 N. I STREET
PENSACOLA FL 32501**

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 **MICHAEL LEONARD**

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

(NOTE: Registered Agent signature required when reinstating)

2-08-96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P** ☐ DELETE
NAME **LEONARD, MICHAEL**
STREET ADDRESS **7075 GLENDORA ST**
CITY-ST-ZIP **PENSACOLA FL**

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

TITLE **V** ☒ DELETE
NAME **ALI, VOLUME**
STREET ADDRESS **544 WYNNHURST ST**
CITY-ST-ZIP **PENSACOLA FL**

2.1 TITLE **V** ☒ Change ☐ Addition
2.2 NAME **VACANT OFFICE**
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **T** ☒ DELETE
NAME **BATEMAN, SUSAN**
STREET ADDRESS **6024 FOREST GREEN RD**
CITY-ST-ZIP **PENSACOLA FL**

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME **TREASURER**
3.3 STREET ADDRESS **BOLLENBACHER, THOMAS**
3.4 CITY-ST-ZIP **4272 CAPRE DRIVE**

TITLE **S** ☐ DELETE
NAME **GREENE, SHARON**
STREET ADDRESS **1011 REVERE DR**
CITY-ST-ZIP **PENSACOLA FL**

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME **SECRETARY**
4.3 STREET ADDRESS **HOLCOMB, BECKY**
4.4 CITY-ST-ZIP **424 ADAMS ROAD PACE, FL 32571**

TITLE **D** ☐ DELETE
NAME **KROGER, ALLYN**
STREET ADDRESS **4560 SAILBOAT LANE**
CITY-ST-ZIP **PENSACOLA FL**

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

TITLE **D** ☐ DELETE
NAME **CONNOR, WALT**
STREET ADDRESS **1248 CHISHOLM TRAIL**
CITY-ST-ZIP **PENSACOLA FL**

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

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 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: **MICHAEL LEONARD**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael Leonard

2-08-96

904-433-8080

Date

Daytime Phone #

CR2E037 (12/95)