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Feb 05 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 32522-7551**



3. Date Incorporated or Qualified
04/18/1994

3a. Date of Last Report
02/20/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

4. FEI Number
NOT APPLICABLE

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**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LEONARD, MICHEAL
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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

1.1 TITLE **VP** ☐ Change ☒ Addition
1.2 NAME **Ellis, Perrin**
1.3 STREET ADDRESS **1021 Northbrook Ave.**
1.4 CITY-ST-ZIP **Pensacola, FL 32514**

TITLE ☐ DELETE
NAME **T**
STREET ADDRESS **BOLLENBACHER, THOMAS**
CITY-ST-ZIP **4272 CAPRI DRIVE
PENSACOLA FL**

2.1 TITLE **D** ☐ Change ☒ Addition
2.2 NAME **Baker, Kenneth**
2.3 STREET ADDRESS **1324 F. Gadsden St.**
2.4 CITY-ST-ZIP **Pensacola, FL 32501**

TITLE ☐ DELETE
NAME **S**
STREET ADDRESS **HOLCOMB, BECKY**
CITY-ST-ZIP **424 ADAMS ROAD
PACE FL**

3.1 TITLE **E** ☐ Change ☒ Addition
3.2 NAME **Oliver, John**
3.3 STREET ADDRESS **846 Amberway Drive**
3.4 CITY-ST-ZIP **Pensacola, FL 32506**

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

4.1 TITLE **D** ☐ Change ☒ Addition
4.2 NAME **Bowen, Jane**
4.3 STREET ADDRESS **4701 BriarOak Drive**
4.4 CITY-ST-ZIP **Pace, FL 32571**

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

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 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: **Michael Leonard** **Michael Leonard** 1-28-97 904-433-8080

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0073181

CR2E037 (9/96)