

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90043 022 ****61.25

0076360

DOCUMENT # N94000001953

1. Corporation Name

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

Principal Place of Business

2121 N. I STREET
PENSACOLA FL 32501
US

Mailing Address

PO BOX 17551
PENSACOLA FL 32522

106989-90043-22 9 *

DEPARTMENT OF STATE



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date incorporated or Qualified

04/18/1994

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

9. Name and Address of Current Registered Agent

LEONARD, MICHEAL
2121 N. I STREET
PENSACOLA FL 32501

10. Name and Address of New Registered Agent

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

TITLE P ☐ DELETE

NAME LEONARD, MICHEAL
STREET ADDRESS 7075 GLENDORA ST
CITY-ST-ZIP PENSACOLA FL

T ☐ DELETE

NAME BOLLENBACHER, THOMAS
STREET ADDRESS 4272 CAPRI DRIVE
CITY-ST-ZIP PENSACOLA FL

S ☐ DELETE

NAME HOLCOMB, BECKY
STREET ADDRESS 424 ADAMS ROAD
CITY-ST-ZIP PACE FL

D ☐ DELETE

NAME KROGER, ALLYN
STREET ADDRESS 4560 SAILBOAT LANE
CITY-ST-ZIP PENSACOLA FL

D ☐ DELETE

NAME BAKER, KENNETH
STREET ADDRESS 1324 E. GADSDEN ST.
CITY-ST-ZIP PENSACOLA FL 32501

D ☐ DELETE

NAME BOWEN, JANE
STREET ADDRESS 4721 BRIAROAK DRIVE
CITY-ST-ZIP PACE FL 32571

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Vice President ☐ Change ☒ Addition

1.2 NAME Perrin Ellis
1.3 STREET ADDRESS 1221 North Brook Dr.
1.4 CITY-ST-ZIP Pensacola, FL 32504

2.1 TITLE D ☐ Change ☒ Addition

2.2 NAME Ted Martin
2.3 STREET ADDRESS 3234 Palmdale Av.
2.4 CITY-ST-ZIP Pensacola, FL 32524

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☒ Change ☐ Addition

6.2 NAME Craig Lawrie
6.3 STREET ADDRESS P.O. Box 4042
6.4 CITY-ST-ZIP Milton, FL 32572

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: Michael Leonard

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-1499

Date

8504338080

Daytime Phone #

CR2E037 (11/98)