2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
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Secretary of State

DOCUMENT # N02000004526

1. Entity Name
NATIONAL ACTIVE & RETIRED FEDERAL EMPLOYEES, CHARLOTTE CHAPTER 0754, INC.

Principal Place of Business	Mailing Address
2980 RIDLEY LN. NORTH PORT, FL 34286-5038	2980 RIDLEY LN. NORTH PORT, FL 34286-5038

DO NOT WRITE IN THIS SPACE

02032007 No Chg-NP CR2E037 (4/06)

4. FEI Number
53-0114700
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

VENTURA, JOHN P
2980 RIDLEY LN.
NORTH PORT, FL 34286-5038

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	VENTURA, JOHN P
STREET ADDRESS	2980 RIDLEY LN.
CITY-ST-ZIP	NORTH PORT, FL 34286
TITLE	V
NAME	PAPPA, MARGARET L
STREET ADDRESS	168 SEASONS DR.
CITY-ST-ZIP	PUNTA GORDA, FL 33983
TITLE	V
NAME	VENTURA, SYLVIA L
STREET ADDRESS	2980 RIDLEY LN.
CITY-ST-ZIP	NORTH PORT, FL 34286
TITLE	S
NAME	CARTER, JOYCE
STREET ADDRESS	22415 NEW YORK AVE
CITY-ST-ZIP	PORT CHARLOTTE, FL 33952
TITLE	T
NAME	PAPE, MELVIN
STREET ADDRESS	3116 VILLA ST
CITY-ST-ZIP	PORT CHARLOTTE, FL 33980
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/22/07-80001-008 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: John P. Ventura 2/6/07 941-423-7475
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #