

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000010212

FILED  
Mar 06, 2009  
Secretary of State

**Entity Name:** FLORIDA ALLIANCE FOR RETIRED AMERICANS EDUCATION COALITION, INC.

**Current Principal Place of Business:**

12773 W FOREST HILL BLVD SUITE 211  
WELLINGTON, FL 33414

**New Principal Place of Business:**

**Current Mailing Address:**

12773 W FOREST HILL BLVD SUITE 211  
WELLINGTON, FL 33414

**New Mailing Address:**

FEI Number: 36-4617786      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

COHEN, JOHN  
1530 WILDERNESS ROAD  
WEST PALM BEACH, FL 33409      US

**Name and Address of New Registered Agent:**

FRANSETTA, TONY  
12773 W. FOREST HILL BLVD.,  
211  
WELLINGTON, FL 33414 US

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.

SIGNATURE: TONY FRANSETTA

03/06/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DP      ( ) Delete  
Name: FRANSETTA, TONY  
Address: 12059 SUNSET POINT COURT SUITE 211  
City-St-Zip: WELLINGTON, FL 33414

Title: DT      (X) Delete  
Name: COHEN, JOHN  
Address: 1530 WILDERNESS ROAD  
City-St-Zip: WEST PALM BEACH, FL 33409

Title: DS      (X) Delete  
Name: FISH, LARRY  
Address: 5730 CORPORATE WAY UNIT 100  
City-St-Zip: WEST PLAM BEACH, FL 33407

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TONY FRANSETTA

DP

03/06/2009

Electronic Signature of Signing Officer or Director

Date