

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 23, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # N96000004615**

1. Entity Name  
**RETIRED EMPLOYEES OF TRANSIT COALITION, INC.**



Principal Place of Business

**4451 NW 159 ST  
MIAMI, FL 33054**

Mailing Address

**4451 NW 159 ST  
MIAMI, FL 33054**



01172007 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0719302**

Applied For  
Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**MORRISON, EUGENE  
4451 NW 159 ST  
MIAMI, FL 33054**

**DO NOT WRITE  
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DP  
MORRISON, EUGENE  
4451 NW 159 ST  
MIAMI, FL 33054**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DV  
KING, JOHNNIE L  
1310 NW 52ND STREET  
MIAMI, FL 33142**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**FS  
PINCKNEY, FRANKLIN A  
8940 N.W. 17TH AVE.  
MIAMI, FL 33147**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DS  
COLLINS, ROSIE  
19300 NW 19 AVE  
MIAMI, FL 33056**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T  
BARFIELD, ELIZABETH  
4321 N MIAMI AVE  
MIAMI, FL 33127**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**BA  
BAKER, ROBERT  
1760 N.W. 132ND STREET  
MIAMI, FL 33167**

000000598840  
01/25/07-80043-022 70.00

**DO NOT WRITE  
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-18-07

Date

305-624-8947

Daytime Phone #