

**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
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**DO NOT WRITE IN THIS SPACE**



01172007 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0719302	Applied For Not Applicable
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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

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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 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

U00000598840  
 01/25/07-80043-022 70.00

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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:** *Eugene Morrison* **1-18-07** **305-624-8947**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #