

**2015 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# N07000010212

**Entity Name:** FLORIDA ALLIANCE FOR RETIRED AMERICANS, INCORPORATED

**Current Principal Place of Business:**

12773 W FOREST HILL BLVD SUITE 211  
WELLINGTON, FL 33414

**Current Mailing Address:**

12773 W FOREST HILL BLVD SUITE 211  
WELLINGTON, FL 33414

**FEI Number: 36-4617786**

**Certificate of Status Desired: Yes**

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

SAUERS, WILLIAM  
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: WILLIAM SAUERS**

**06/24/2015**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DP  
Name SAUERS, WILLIAM  
Address 221 LAKE DRIVE BLVD.  
City-State-Zip: SEBRING FL 33875

Title DV  
Name DAVIS, RAY  
Address 643 POINSETTA DRIVE  
City-State-Zip: LARGO FL 33770

Title DT  
Name CURPHEY, BEVERLY  
Address 13967 COLLECTING CANAL  
City-State-Zip: LOXAHATCHEE FL 33470

Title SD  
Name DEVANE, BARBARA  
Address 515 E. CALL STREET  
City-State-Zip: TALLAHASSEE FL 32301

*I hereby 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 all other like empowered.*

**SIGNATURE: WILLIAM SAUERS**

**PRESIDENT**

**06/24/2015**

Electronic Signature of Signing Officer/Director Detail

Date