

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000003431

**FILED**  
**Apr 07, 2017**  
**Secretary of State**  
**CC9543875583**

**Entity Name:** RETIRED LAW ENFORCEMENT ASSOCIATION OF  
SOUTHWEST FLORIDA, INC.

**Current Principal Place of Business:**

23300 HARPER AVENUE  
PORT CHARLOTTE, FL 33980

**Current Mailing Address:**

PO BOX 494736  
PORT CHARLOTTE, FL 33949

**FEI Number: 80-0391203**

**Certificate of Status Desired: No**

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

HUBBERT, RAYMOND  
15463 GREENWOOD AVENUE  
PORT CHARLOTTE, FL 33981 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name HUBBERT, RAYMOND  
Address 15463 GREENWOOD AVENUE  
City-State-Zip: PORT CHARLOTTE FL 33981

Title VP  
Name KRUSE, WILLIAM  
Address 24387 BUCKINGHAM WAY  
City-State-Zip: PORT CHARLOTTE FL 33980

Title S  
Name COURTEMANCHE, CHARLES D  
Address 3077 EASY STREET  
City-State-Zip: PORT CHARLOTTE FL 33952

Title T  
Name FLOR, ROBERT  
Address 9387 SAN BERNADINO AVENUE  
City-State-Zip: ENGLEWOOD FL 34224

Title DIRECTOR  
Name HALBERG, WILLIAM  
Address 1080 RIO DE JANERIO AVE  
UNIT 1  
City-State-Zip: PUNTA GORDA FL 33983

Title DIRECTOR  
Name SUTTON, JEAN  
Address 24024 BUCKINGHAM WAY  
City-State-Zip: PORT CHARLOTTE FL 33980

Title DIRECTOR  
Name SCHACHNER, VINCENT  
Address 26370 MADAGASCAR ROAD  
City-State-Zip: PUNTA GORDA FL 33983

Title DIRECTOR  
Name PARE, DONALD  
Address 93 MOLLENDIA STREET  
City-State-Zip: PUNTA GORDA FL 33983

*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: RAYMOND E HUBBERT**

**PRESIDENT**

**04/07/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date