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

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

**Current Principal Place of Business:** 

23300 HARPER AVENUE PORT CHARLOTTE, FL 33980

DOCUMENT# N0900003431

## **Current Mailing Address:**

PO BOX 494736 PORT CHARLOTTE, FL 33949

# FEI Number: 80-0391203

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

HUBBERT, RAYMOND 15463 GREENWOOD AVENUE PORT CHARLOTTE, FL 33981 US Certificate of Status Desired: No

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

# **Officer/Director Detail :**

Oncendrector Detail.				
	Title	Р	Title	VP
	Name	HUBBERT, RAYMOND	Name	KRUSE, WILLIAM
	Address	15463 GREENWOOD AVENUE	Address	24387 BUCKINGHAM WAY
	City-State-Zip:	PORT CHARLOTTE FL 33981	City-State-Zip:	PORT CHARLOTTE FL 33980
	Title	S	Title	т
	Name	COURTEMANCHE, CHARLES D	Name	TROISE, ROBERT
	Address	3077 EASY STREET	Address	7245 N. PLUM TREE
	City-State-Zip:	PORT CHARLOTTE FL 33952	City-State-Zip:	PUNTA GORDA FL 33955
	Title	DIRECTOR	Title	DIRECTOR
	Title Name	DIRECTOR GERMAINE, LARRY	Title Name	DIRECTOR MARRON, ROBERT
	Name	GERMAINE, LARRY	Name	MARRON, ROBERT
	Name Address	GERMAINE, LARRY 1896 NOTTINGHAM TR	Name Address	MARRON, ROBERT 24387 BUCKINGHAM WAY
	Name Address City-State-Zip:	GERMAINE, LARRY 1896 NOTTINGHAM TR PORT CHARLOTTE FL 33980	Name Address City-State-Zip:	MARRON, ROBERT 24387 BUCKINGHAM WAY PORT CHARLOTTE FL 33980
	Name Address City-State-Zip: Title	GERMAINE, LARRY 1896 NOTTINGHAM TR PORT CHARLOTTE FL 33980 DIRECTOR	Name Address City-State-Zip: Title	MARRON, ROBERT 24387 BUCKINGHAM WAY PORT CHARLOTTE FL 33980 DIRECTOR
	Name Address City-State-Zip: Title Name	GERMAINE, LARRY 1896 NOTTINGHAM TR PORT CHARLOTTE FL 33980 DIRECTOR DALE, JACK	Name Address City-State-Zip: Title Name	MARRON, ROBERT 24387 BUCKINGHAM WAY PORT CHARLOTTE FL 33980 DIRECTOR PARE, DONALD 93 MOLLENDA STREET

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 HUBBERT

PRESIDENT

05/29/2020

Electronic Signature of Signing Officer/Director Detail

Date

FILED May 29, 2020 Secretary of State 4150044150CC

Date