

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N28462

**FILED**  
**Apr 04, 2019**  
**Secretary of State**  
**3153088997CC**

**Entity Name:** NATIONAL ASSOCIATION OF RETIRED LAW ENFORCEMENT OFFICERS, INC.

**Current Principal Place of Business:**

6585 HWY 44  
CRYSTAL RIVER, FL 34429

**Current Mailing Address:**

N.A.R.L.E.O.  
P.O. BOX 955  
LECANTO, FL 34460 US

**FEI Number: 59-2943288**

**Certificate of Status Desired: No**

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

HOGAN, TIMOTHY J TREASURER  
5395 N ALLAMANDRA DR  
BEVERLY HILLS, FL 34465 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:** TIMOTHY J. HOGAN

04/04/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VP-3  
Name GASPARINI, GEORGE  
Address 129 W STAGECOACH TRAIL  
City-State-Zip: INVERNESS FL 34452

Title VP-1  
Name DALEY, THOMAS  
Address 410 E. KNIGHTSBRIDGE PLACE  
City-State-Zip: LECANTO FL 34461

Title SECR  
Name SIGURDSEN, MARCY  
Address 4371 N INDIANHEAD RD  
City-State-Zip: HERNANDO FL 34442

Title TRUS  
Name SIGURDSEN, RICK  
Address 4371 N INDIANHEAD ROAD  
City-State-Zip: HERNANDO FL 34442

Title PRESIDENT  
Name COBURN, JAMES M  
Address 5395 N ALLAMANDRA DR  
City-State-Zip: BEVERLY HILLS FL 34465

Title VP-2  
Name DUNIGAN, JAMES  
Address 5611 W IRVING CT.  
City-State-Zip: HOMOSASSA FL 34448

Title TREASURER  
Name HOGAN, TIMOTHY  
Address 1701 N SHADOWVIEW PATH  
City-State-Zip: HERNANDO FL 34442

Title TRUSTEE  
Name POLEN, MONA  
Address 105 SE 10ST.  
City-State-Zip: CRYSTAL RIVER FL 34429

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*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:** TIMOTHY HOGAN

TREASURER

04/04/2019

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title TRUSTEE  
Name O'ROURKE, STACEY  
Address 1933 N EAGLE CHASE DRIVE  
City-State-Zip: HERNANDO FL 34442

Title TRUSTEE  
Name CHMURA, MICHELLE  
Address 167 W. STAGGERBUSH PATH  
City-State-Zip: BEVERLY HILLS FL 34465