

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000004615

Entity Name: RETIRED EMPLOYEES OF TRANSIT COALITION, INC.**Current Principal Place of Business:**4451 NW 159 ST
MIAMI, FL 33054**Current Mailing Address:**4451 NW 159 ST
MIAMI, FL 33054 US**FEI Number:** 65-0719302**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MORRISON, EUGENE
4451 NW 159 ST
MIAMI, FL 33054 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	DP
Name	MORRISON, EUGENE
Address	4451 NW 159 ST
City-State-Zip:	MIAMI FL 33054

Title	FS
Name	WORTHEY, THEODIS
Address	17700 N W 14TH COURT
City-State-Zip:	MIAMI GARDENS FL 33169

Title	DT
Name	RICHBURG, EMMETT ESR
Address	17201 NW 37 COURT
City-State-Zip:	MIAMI FL 33055

Title	DV
Name	CARPENTER, WILLIE J
Address	915 NW 9 COURT
City-State-Zip:	MIAMI FL 33150

Title	DS, SECRETARY
Name	SHOOTES, DEBRA MRS
Address	1041 N W 47TH TERRACE
City-State-Zip:	MIAMI FL 33127

Title	BA
Name	BAKER, ROBERT
Address	1760 N.W. 132ND STREET
City-State-Zip:	MIAMI FL 33167

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: EUGENE MORRISON**PRESIDENT****03/20/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date