


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Mar 04, 2004 08:00 AM
Secretary of State

DOCUMENT # 705551 1. Entity Name FLORIDA ALLIANCE FOR RETIRED AMERICANS, INC.					
Principal Place of Business 12773 W FOREST HILL BLVD SUITE 211 WELLINGTON FL 33414 US			Mailing Address 12773 W FOREST HILL BLVD SUITE 211 WELLINGTON FL 33414 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 51-0434904	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent FRANSETTA, TONY 12773 W FOREST HILL BLVD SUITE 211 WELLINGTON FL 33414				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP FRANSETTA, TONY 12059 SUNSET PT CT WELLINGTON FL 33414	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	U00000076309 03/04/04-80023-007 61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV WELDON, JIM 201 SE 24TH STREET FORT LAUDERDALE FL 33316	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT DAVIDSON, MARNA 5550 GLADES RD BOCA RATON FL 33431	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DEVANE, BARBARA 515 E. CALL ST TALLAHASSEE FL 32301	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LABELL, HAROLD 206 MARY DRIVE OLDSMAR FL 34677	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T REEVES, ALLAN C PO BOX 605 FRUITLAND PARK FL 34731	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: Tony Frassetta Tony Frassetta 2-24-04 561-792-8799 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					