

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 17, 2006 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

**DO NOT WRITE IN THIS SPACE**



01122006 No Chg-NP CR2E037 (11/05)

4. FEI Number  
**51-0434904**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

FRANSETTA, TONY  
12773 W FOREST HILL BLVD  
SUITE 211  
WELLINGTON, FL 33414

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IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	DP
NAME	FRANSETTA, TONY
STREET ADDRESS	12059 SUNSET PT CT
CITY-ST-ZIP	WELLINGTON, FL 33414
TITLE	DV
NAME	WELDON, JIM
STREET ADDRESS	201 SE 24TH STREET
CITY-ST-ZIP	FORT LAUDERDALE, FL 33316
TITLE	DT
NAME	DAVIDSON, MARNA
STREET ADDRESS	3200 N. MILITARY TRAIL
CITY-ST-ZIP	BOCA RATON, FL 33431
TITLE	SD
NAME	DEVANE, BARBARA
STREET ADDRESS	515 E. CALL ST
CITY-ST-ZIP	TALLAHASSEE, FL 32301
TITLE	T
NAME	LABELL, HAROLD
STREET ADDRESS	206 MARY DRIVE
CITY-ST-ZIP	OLDSMAR, FL 34677
TITLE	T
NAME	REEVES, ALLAN C
STREET ADDRESS	PO BOX 605
CITY-ST-ZIP	FRUITLAND PARK, FL 34731

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01/23/06-80007-006 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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, President

1/11/06

561-792-8799

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #