


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 17, 2007 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



01032007 No Chg-NP CR2E037 (4/06)

4. FEI Number 51-0434904	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$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**

**DO NOT WRITE
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS

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

**DO NOT WRITE
IN THIS SPACE**

U00000589013
01/17/07-80095-022 70.00

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 Frassetto **1/10/07** **581-792-8799**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #