

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 705551

FILED
Feb 09, 2009
Secretary of State

Entity Name: FLORIDA ALLIANCE FOR RETIRED AMERICANS, INC.

Current Principal Place of Business:

12773 W FOREST HILL BLVD
SUITE 211
WELLINGTON, FL 33414 US

New Principal Place of Business:

Current Mailing Address:

12773 W FOREST HILL BLVD
SUITE 211
WELLINGTON, FL 33414 US

New Mailing Address:

FEI Number: 51-0434904 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: FRANSETTA, TONY
Address: 12059 SUNSET PT CT
City-St-Zip: WELLINGTON, FL 33414

Title: DV () Delete
Name: WELDON, JIM
Address: 201 SE 24TH STREET
City-St-Zip: FORT LAUDERDALE, FL 33316

Title: DT () Delete
Name: DAVIDSON, MARNA
Address: 3200 N. MILITARY TRAIL
City-St-Zip: BOCA RATON, FL 33431

Title: SD () Delete
Name: DEVANE, BARBARA
Address: 515 E. CALL ST
City-St-Zip: TALLAHASSEE, FL 32301

Title: T () Delete
Name: LABELL, HAROLD
Address: 206 MARY DRIVE
City-St-Zip: OLDSMAR, FL 34677

Title: T () Delete
Name: REEVES, ALLAN C
Address: PO BOX 605
City-St-Zip: FRUITLAND PARK, FL 34731

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: LABELL, HAROLD
Address: 7335 FAIRWOOD AVENUE
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: T (X) Change () Addition
Name: SUGG, JOHN
Address: 9660 NW 39TH STREET
City-St-Zip: COOPER CITY, FL 33024

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: TONY FRANSETTA

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02/09/2009

Electronic Signature of Signing Officer or Director

Date