2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2007 08:00 AM
Secretary of State

DOCUMENT # 746425

1. Entity Name
F.D.N.Y. RETIRED, INC.

Principal Place of Business	Mailing Address
P.O. BOX 76 PORT RICHEY, FL 34673-7076	P.O. BOX 76 PORT RICHEY, FL 34673-7076

02212007 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-2396126

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SCHUPPEL, JAMES
3166 LAKE PINEWAY S #B-2
TARPON SPRINGS, FL 34688

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VPD
NAME	MURPHY, JOHN L
STREET ADDRESS	10074 HUCKLEBERRY DR
CITY-ST-ZIP	SPRING HILL, FL 34608
TITLE	PD
NAME	SCHUPPEL, JAMES
STREET ADDRESS	3166 LAKE PINEWAY S
CITY-ST-ZIP	TARPON SPRINGS, FL 34688
TITLE	SD
NAME	HARFORD, JAMES
STREET ADDRESS	10815 UNION DR
CITY-ST-ZIP	PORT RICHEY, FL 346882144
TITLE	TD
NAME	ALLEN, LESLIE
STREET ADDRESS	2242 PINEWOOD VILLAS DR
CITY-ST-ZIP	HOLIDAY, FL 34691
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/15/07-80041-024 61.25

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: Leslie Allen LESLIE ALLEN 3/05/07 727-938-3626
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #