

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 746425

FILED
Mar 17, 2009
Secretary of State

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

Current Principal Place of Business:

P.O. BOX 76
PORT RICHEY, FL 346737076

New Principal Place of Business:

5329 LEGION PL.
NEW PORT RICHEY, FL 34653

Current Mailing Address:

P.O. BOX 76
PORT RICHEY, FL 346737076

New Mailing Address:

FEI Number: 59-2396126 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHUPPEL, JAMES
3166 LAKE PINESWAY S #B-2
TARPON SPRINGS, FL 34688 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: VPD () Delete
Name: MURPHY, JOHN L
Address: 10074 HUCKLEBERRY DR
City-St-Zip: SPRING HILL, FL 34608

Title: PD () Delete
Name: SCHUPPEL, JAMES
Address: 3166 LAKE PINESWAY S
City-St-Zip: TARPON SPRINGS, FL 34688

Title: SD () Delete
Name: HARFORD, JAMES
Address: 10815 UNION DR
City-St-Zip: PORT RICHEY, FL 346682144

Title: TD () Delete
Name: ALLEN, LESLIE
Address: 2242 PINESWOOD VILLAS DR
City-St-Zip: HOLIDAY, FL 34691

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: SD (X) Change () Addition
Name: NILSEN, MIKE
Address: 1520 COACH LIGHT WAY
City-St-Zip: DUNEDIN, FL 34698

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

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: LESLIE ALLEN

TD

03/17/2009

Electronic Signature of Signing Officer or Director

Date