

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 13, 2007 8:00 am
Secretary of State

02-13-2007 90010 042 ****61.25

DOCUMENT # 760229

1. Entity Name

FLORIDA RETIRED EDUCATORS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

10051 5TH ST. N.
SUITE 108
SAINT PETERSBURG FL 33702-2211
US

10051 5TH ST. N.
SUITE 108
SAINT PETERSBURG FL 33702-2211
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

59-1719568

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~MORGAN, DR. MERLE H.~~
~~10051 5TH ST. N.~~
~~SUITE 108~~
~~SAINT PETERSBURG FL 33702-2211~~

Name Horton Barnes
Street Address (P.O. Box Number is Not Acceptable)
10051 5TH ST. N.
Suite 108
City Saint Petersburg FL Zip Code 33702

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

Horton Barnes

Horton Barnes

2/4/2007

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE CD ☒ Delete
NAME ~~MORGAN, MERLE H DR.~~
STREET ADDRESS ~~10051 1ST ST. N.~~
CITY-STATE-ZIP ~~SAINT PETERSBURG FL 33702-2211~~

TITLE CD ☐ Delete
NAME WEST, VIRGINIA Z MS
STREET ADDRESS 7620 BAYMEADOWS CIRCLE W #2231
CITY-STATE-ZIP JACKSONVILLE FL 32256-1820

TITLE ~~CD~~ ☒ Delete
NAME ~~MORGAN, MERLE H DR~~
STREET ADDRESS ~~4651 1ST ST NE #311~~
CITY-STATE-ZIP ~~SAINT PETERSBURG FL 33703-4943~~

TITLE PD ☐ Delete
NAME ETHRIDGE, EDWARD W MR
STREET ADDRESS 3604 JOYCE DRIVE #71
CITY-STATE-ZIP BRADENTON FL 34208-9005

TITLE VDVP ☐ Delete
NAME GREIN, MARIE L MS
STREET ADDRESS 2290 TERRACE DRIVE NORTH
CITY-STATE-ZIP CLEARWATER FL 33765-2743

TITLE ~~SD~~ ☐ Delete
NAME LEON, BARBARA MS
STREET ADDRESS 9821 SUNRISE LAKES BLVD. #112
CITY-STATE-ZIP SUNRISE FL 33322-6263

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE CD ☐ Change ☒ Addition
NAME BARNES, Horton
STREET ADDRESS 10051 5TH ST N
CITY-STATE-ZIP Saint Petersburg, FL 33702

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE ~~TD~~ ☒ Change ☐ Addition
NAME BARNES, Horton
STREET ADDRESS 5480 CLR 647 South
CITY-STATE-ZIP Bushnell, FL 33513

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE ☒ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-STATE-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Horton Barnes Horton Barnes

2/4/2007

352-793-8083

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #