

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 760229

FILED
Apr 09, 2008
Secretary of State

Entity Name: FLORIDA RETIRED EDUCATORS ASSOCIATION, INC.

Current Principal Place of Business:

10051 5TH ST. N.
SUITE 108
SAINT PETERSBURG, FL 337022211 US

New Principal Place of Business:

Current Mailing Address:

10051 5TH ST. N.
SUITE 108
SAINT PETERSBURG, FL 337022211 US

New Mailing Address:

10051 5TH ST. N.
SUITE 108
SAINT PETERSBURG, FL 337022211 US

FEI Number: 59-1719568

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BARNES, HORTON
10051 5TH ST. N.
SUITE 108
SAINT PETERSBURG, FL 337022211 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: CD () Delete
Name: BARNES, HORTON
Address: 10051 1ST ST. N
City-St-Zip: SAINT PETERSBURG, FL 337022211

Title: CD () Delete
Name: WEST, VIRGINIA Z MS
Address: 7620 BAYMEADOWS CIRCLE W #2231
City-St-Zip: JACKSONVILLE, FL 322561820

Title: TD () Delete
Name: BARNES, HORTON
Address: 84810 CR 647 SOUTH
City-St-Zip: BUSHWELL, FL

Title: PD () Delete
Name: ETHRIDGE, EDWARD W MR
Address: 3604 JOYCE DRIVE #71
City-St-Zip: BRADENTON, FL 342089005

Title: VDVP () Delete
Name: GREIN, MARIE L MS
Address: 2290 TERRACE DRIVE NORTH
City-St-Zip: CLEARWATER, FL 337652743

Title: S () Delete
Name: LEON, BARBARA MS
Address: 9821 SUNRISE LAKES BLVD. #112
City-St-Zip: SUNRISE, FL 333226263

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
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Address:
City-St-Zip:

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

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: HORTON BARNES

CD

04/09/2008

Electronic Signature of Signing Officer or Director

Date