2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# 760229 Aug 25, 2009
Secretary of State

Entity Name: FLORIDA RETIRED EDUCATORS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

10051 5TH ST. N. 10051 5TH ST. N.

SUITE 108 SUITE 108

SAINT PETERSBURG, FL 33513 US SAINT PETERSBURG, FL 33702 US

Current Mailing Address: New Mailing Address:

10051 5TH ST. N. 10051 5TH ST. N.

SUITE 108 SUITE 108

SAINT PETERSBURG, FL 33513 US SAINT PETERSBURG, FL 33702 US

FEI Number: 59-1719568 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BARNES, HORTON WINN, ANN 8480 COUNTY ROAD 647 SOUTH 10051 5TH ST N

SUITE 108
BUSHNELL, FL 33513 US
ST PETERSBURG, FL 33702 US

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: ANN WINN 08/25/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS: ADDIT

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

FILED

itle: TD () Delete Title: TD (X) Change () Addition

 Name:
 BARNES, HORTON
 Name:
 WINN, ANN

 Address:
 10051 1ST ST. N
 Address:
 10051 1ST ST. N STE 108

City-St-Zip: SAINT PETERSBURG, FL 33513 City-St-Zip: SAINT PETERSBURG, FL 33702 US

Title: CD () Delete Title: CD (X) Change () Addition Name: WEST, VIRGINIA Z MS Name: WEST, VIRGINIA Z MS

Name: WEST, VIRGINIA Z MS Name: WEST, VIRGINIA Z MS Address: 7620 BAYMEADOWS CIRCLE W #2231 Address: 7620 BAYMEADOWS CIRCLE W #2231

City-St-Zip: JACKSONVILLE, FL 33513 City-St-Zip: JACKSONVILLE, FL 32256 US

Title: PD () Delete Title: PD (X) Change () Addition Name: BARNES, HORTON Name: WINN, ANN

 Address:
 84810 CR 647 SOUTH
 Address:
 1118 ORIENTA AVE

 City-St-Zip:
 BUSHWELL, FL 33513
 City-St-Zip:
 ALTAMONTE SPRINGS, FL 32701 US

ity-31-21p. BOSHWELL, FL 33513 City-31-21p. ALTAWONTE SPRINGS, FL 32701 OS

Title: VDVP () Delete Title: VDVP (X) Change () Addition
Name: TWITCHELL, ESTER R MRS Name: TWITCHELL, ESTHER R MRS

Address: P. O. BOX 1341 Address: P. O. BOX 1341

City-St-Zip: STUART, FL 34995 US

 $\label{eq:title:title:vd} \textit{Title:} \qquad \textit{VD} \qquad \textit{() Delete} \qquad \qquad \textit{Title:} \qquad \textit{VD} \qquad \textit{(X) Change () Addition}$

 Name:
 GREIN, MARIE L MS
 Name:
 GREIN, MARIE L MS

 Address:
 2290 TERRACE DRIVE NORTH
 Address:
 2290 TERRACE DRIVE NORTH

Address: 2290 TERRACE DRIVE NORTH Address: 2290 TERRACE DRIVE NORTH
City-St-Zip: CLEARWATER, FL 33513 City-St-Zip: CLEARWATER, FL 33765 US

Title: S () Delete Title: S (X) Change () Addition

 Name:
 BICE, WENDY L MS
 Name:
 BICE, WENDY L MS

 Address:
 9207 SW 21ST AVE.
 Address:
 9207 SW 21ST AVE.

 City-St-Zip:
 GAINESVILLE, FL 32607
 City-St-Zip:
 GAINESVILLE, FL 32607 US

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: ANN WINN TD 08/25/2009