

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000003001

FILED
Apr 04, 2006
Secretary of State

Entity Name: THE NATIONAL ASSOCIATION OF PRUDENTIAL RETIREES AND VESTED TERMINATORS, INC.

Current Principal Place of Business:

1049 BERKSHIRE C
DEERFIELD BEACH, FL 33442 US

New Principal Place of Business:

Current Mailing Address:

1049 BERKSHIRE C
DEERFIELD BEACH, FL 33442 US

New Mailing Address:

FEI Number: 65-1007570 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

KUHARCIK, JOSEPH
1211 THE PLAZA
RIVERA BEACH, FL 33404 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: PD () Delete
Name: CIOCCA, JOSEPH A
Address: 1049 BERKSHIRE C
City-St-Zip: DEERFIELD BEACH, FL 334423343 US

Title: VD () Delete
Name: CALDERWOOD, LARREN W
Address: 1049 WOODSIDE LANE
City-St-Zip: PLACERVILLE, CA 956679642 US

Title: TSD () Delete
Name: SIMON, SUSANNE M
Address: 3 OLD COACH CIRCLE
City-St-Zip: HAMPDEN, MA 010369637 US

Title: D () Delete
Name: LAFFERTY, EVE
Address: 2808 GALLOWAY AVE
City-St-Zip: ROSYLN, PA 190011406 US

Title: D () Delete
Name: ROSE, CARL A
Address: P.O. BOX 811600
City-St-Zip: BOCA RATON, FL 334811600 US

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
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 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: JOSEPH R. CIOCCA

PD

04/04/2006

Electronic Signature of Signing Officer or Director

Date