ANNUAL REPORT
1995

Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N01321 (1)

1. Corporation Name

FLORIDA RETIRED EDUCATORS FOUNDATION, INCORPORATED

Principal Place of Business	Mailing Address
9600 KOGER BLVD #100 P O BOX 22309 ST PETERSBURG FL 33742-2309 US	9600 KOGER BLVD #100 P O BOX 22309 ST PETERSBURG FL 33742-2309 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/08/1984
3a. Date of Last Report: 03/03/1994
4. FEI Number: 59-2439336 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22: Suite #104	Suite, Apt. #, etc. 27: Suite#104
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

MORGAN, MERLE H.
9600 KOGER BLVD #100
ST PETERSBURG FL 33702

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): Suite #104
83
84 City: FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☒ Addition
NAME	MORGAN, MERLE H	12 NAME	
STREET ADDRESS	4651 - 1ST ST NE #311	13 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL	14 CITY-ST-ZIP	33703
TITLE	SD	21 TITLE	☒ Change ☒ Addition
NAME	HODGS, VERNA R	22 NAME	HODGES,
STREET ADDRESS	365 115TH ST.	23 STREET ADDRESS	365 NE 115th Street
CITY-ST-ZIP	MIAMI SHORES FL	24 CITY-ST-ZIP	33161
TITLE	TD	31 TITLE	☐ Change ☒ Addition
NAME	CHAPMAN, AILEEN B	32 NAME	
STREET ADDRESS	650 PINELLAS PT DR S 209	33 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	34 CITY-ST-ZIP	33705
TITLE	CD	41 TITLE	CD ☒ Change ☐ Addition
NAME	ROADY, ELSTON "STEVE"	42 NAME	PFOST, FRANCIS M.
STREET ADDRESS	1918 W. INDIAN HEAD DR.	43 STREET ADDRESS	1791 Oak Creek Drive
CITY-ST-ZIP	TALLAHASSEE FL	44 CITY-ST-ZIP	Dunedin, FL 34698
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Aileen B. Chapman Treas. 4-13-95 (813)867-4101
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — (Daytime Phone #)
Aileen B. Chapman TD

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