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Mar 21 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N01321 (1)

1. Corporation Name

FLORIDA RETIRED EDUCATORS FOUNDATION, INCORPORATED

Principal Place of Business	Mailing Address
9600 KOGER BLVD SUITE 104 ST PETERSBURG FL ~~33742-2309~~ 33702 US	P O BOX 22309 ~~SUITE 104~~ ST PETERSBURG FL 33742-2309 US

3. Date Incorporated or Qualified: 02/08/1984
3a. Date of Last Report: 02/26/1996

2. Principal Place of Business — 21:
2a. Mailing Address — 26: —

Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27: no suite

City & State — 23:
City & State — 28:

Zip — 24: 33702
Country — 25:
Zip — 29:
Country — 30:

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

MORGAN, MERLE H.
9600 KOGER BLVD. ~~#104~~ Suite #104
ST PETERSBURG FL 33702

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	MORGAN, MERLE H		1.2 NAME		
STREET ADDRESS	4651 - 1ST ST NE #311		1.3 STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG FL 33703		1.4 CITY-ST-ZIP		
TITLE	SD	☒ DELETE	2.1 TITLE	SD	☒ Change ☐ Addition
NAME	HODGES, VERNA R		2.2 NAME	Hutchins, Elizabeth	
STREET ADDRESS	365 NE 115TH STREET		2.3 STREET ADDRESS	9252 San Jose Blvd. #3004	
CITY-ST-ZIP	MIAMI SHORES FL 33161		2.4 CITY-ST-ZIP	Jacksonville, FL 32257-5568	
TITLE	TD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	CHAPMAN, AILEEN B		3.2 NAME		
STREET ADDRESS	650 PINELLAS PT DR S 209		3.3 STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL 33705		3.4 CITY-ST-ZIP		
TITLE	CD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	PFOST, FRANCIS M		4.2 NAME		
STREET ADDRESS	1791 OAK CREEK DRIVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	DUNEDIN FL 34698		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing 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 Aileen B. Chapman Treas. 3-17-97 813-867-4101
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0051459