2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2002 8:00 am
Secretary of State
04-01-2002 90603 005 ****61.25

0080241

DOCUMENT # N01321

1. Entity Name

FLORIDA RETIRED EDUCATORS FOUNDATION, INCORPORATED

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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
100 - 1st Ave. S.	100 - 1st Ave. S.
Suite, Apt. #, etc.: Suite 460	Suite, Apt. #, etc.: Suite 460
City & State: St. Petersburg, FL	City & State: St. Petersburg, FL
Zip: 33701-4379 Country: Pinellas	Zip: 33701-4379 Country: Pinellas

4. FEI Number 59-2439336 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name: Morgan, Merle H.
Street Address (P.O. Box Number is Not Acceptable): 100 - 1st Avenue South
Suite # 460
City: St. Petersburg FL Zip Code: 33701-4379

8. 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: Merle H. Morgan 3-20-02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MORGAN, MERLE H 4651 - 1ST ST NE #311 ST PETERSBURG FL 33703	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD THOMPSON, MERCEDES A 1517 55TH ST N ST PETERSBURG FL 33710	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD CHAPMAN, AILEEN B 650 PINELLAS PT DR S 209 ST. PETERSBURG FL 33705	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD Chapman, Aileen B. 125 - 56th Ave. S. #12 St. Petersburg, FL 33705-5458 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD HACK, CECILIA H DR 2423 BUTTON BUSH CT TALLAHASSEE FL 32308	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD Kerr, Marilyn M. 3949 Minuteio Circle N. Jacksonville, FL 32217-3651 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (9/01)

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Aileen B. Chapman, TD 3-20-02 727-867-4101
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #