2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01321

FILED Aug 27, 2005 Secretary of State

Entity Name: FLORIDA RETIRED EDUCATORS FOUNDATION, INCORPORATED

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

100-1ST AVE S 10051 1ST ST. N

STE 460 STE 108

SAINT PETERSBURG, FL 337014379 US SAINT PETERSBURG, FL 337022211 US

Current Mailing Address: New Mailing Address:

100-1ST AVE S 10051 1ST, ST, N.

STE 460 STE 108

SAINT PETERSBURG, FL 337014379 US SAINT PETERSBURG, FL 337022211 US

FEI Number: 59-2439336 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

MORGAN, MERLE H.

100-1ST AVENUE SOUTH

MORGAN, MERLE H
10051 1ST ST. N.

STE #460 STE #108

SAINT PETERSBURG, FL 337014379 US SAINT PETERSBURG, FL 337022211 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: MERLE H. MORGAN 08/27/2005

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: D () Delete Title: CD (X) Change () Addition

 Name:
 MORGAN, MERLE H,
 Name:
 MORGAN, MERLE H

 Address:
 4651 - 1ST ST NE #311
 Address:
 4651 - 1ST ST NE #311

City-St-Zip: ST PETERSBURG, FL 33703 City-St-Zip: ST PETERSBURG, FL 337034943

Title: SD () Delete Title: SD (X) Change () Addition Name: WHITE, LETTIE D DR. Name: WHITE, LETTIE D .

 Address:
 420 HOLLY ST.
 Address:
 420 HOLLY ST.

 City-St-Zip:
 MONTICELLO, FL 32344
 City-St-Zip:
 MONTICELLO, FL 32344

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

 Name:
 CHAPMAN, AILEEN B,
 Name:
 MORGAN, MERLE H

 Address:
 125-56TH AVE S #12
 Address:
 4651 1ST ST. NE #311

City-St-Zip: SAINT PETERSBURG, FL 337055458 City-St-Zip: SAINT PETERSBURG, FL 337034943

Title: CD () Delete Title: () Change () Addition

 Name:
 KERR, MARILYN M
 Name:

 Address:
 3949 MINUELO CIRCLE N
 Address:

 City-St-Zip:
 JACKSONVILLE, FL 322173651
 City-St-Zip:

Title: VCD () Change (X) Addition

 Name:
 Name:
 OVERTON, LOLA M

 Address:
 Address:
 1451 13TH AVENUE N.

 City-St-Zip:
 City-St-Zip:
 NAPLES, FL 341023467

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MERLE H. MORGAN CD 08/27/2005