

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N01321

FILED
Oct 07, 2006
Secretary of State

Entity Name: FLORIDA RETIRED EDUCATORS FOUNDATION, INCORPORATED

Current Principal Place of Business:

10051 1ST ST. N
STE 108
SAINT PETERSBURG, FL 337022211 US

New Principal Place of Business:

Current Mailing Address:

10051 1ST. ST. N.
STE 108
SAINT PETERSBURG, FL 337022211 US

New Mailing Address:

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

Name and Address of Current Registered Agent:

MORGAN, MERLE H
10051 1ST ST. N.
STE #108
SAINT PETERSBURG, FL 337022211 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: MERLE H. MORGAN

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: MORGAN, MERLE H
Address: 4651 - 1ST ST NE #311
City-St-Zip: ST PETERSBURG, FL 337034943

Title: SD () Delete
Name: WHITE, LETTIE D.
Address: 420 HOLLY ST.
City-St-Zip: MONTICELLO, FL 32344

Title: TD () Delete
Name: MORGAN, MERLE H
Address: 4651 1ST ST. NE #311
City-St-Zip: SAINT PETERSBURG, FL 337034943

Title: CD () Delete
Name: KERR, MARILYN M
Address: 3949 MINUELO CIRCLE N
City-St-Zip: JACKSONVILLE, FL 322173651

Title: VCD () Delete
Name: OVERTON, LOLA M
Address: 1451 13TH AVENUE N.
City-St-Zip: NAPLES, FL 341023467

Title: () Delete
Name:
Address:
City-St-Zip:

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:

Title: CD () Change (X) Addition
Name: MORGAN, MERLE H
Address: 4651 1ST STREET NE #311
City-St-Zip: ST. PETERSBURG, FL 33704943

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: MERLE H. MORGAN

C/D

10/07/2006

Electronic Signature of Signing Officer or Director

Date