

**2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Aug 25, 2009**  
**Secretary of State**

DOCUMENT# N01321

**Entity Name:** FLORIDA RETIRED EDUCATORS FOUNDATION, INCORPORATED**Current Principal Place of Business:**10051 5TH ST. N  
STE 108  
SAINT PETERSBURG, FL 337022211 US**New Principal Place of Business:**10051 5TH ST. N  
STE 108  
SAINT PETERSBURG, FL 33702 US**Current Mailing Address:**10051 5TH 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 ( )****Name and Address of Current Registered Agent:**BARNES, HORTON  
10051 5TH ST. N.  
STE #108  
SAINT PETERSBURG, FL 337022211 US**Name and Address of New Registered Agent:**WINN, ANN  
10051 5TH ST. N.  
STE #108  
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: ANN WINN

08/25/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:****Title:** CD      ( ) Delete  
**Name:** JAMES, ELLEN L  
**Address:** 515 MANDALAY RD  
**City-St-Zip:** ORLANDO, FL 328093106 US**Title:** SD      ( ) Delete  
**Name:** SMOOT, FRANCES  
**Address:** 4401 NW 19TH AVE  
**City-St-Zip:** GAINESVILLE, FL 326053474 US**Title:** TD      ( ) Delete  
**Name:** BARNES, HORTON  
**Address:** 8480 CR 647S  
**City-St-Zip:** BUSHNELL, FL 335137426 US**Title:** VCD      ( ) Delete  
**Name:** BOYCE, BETTY WRAY  
**Address:** 37448 BLACKBERRY CT  
**City-St-Zip:** ZEPHYRHILLS, FL 335425241 US**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:**      ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:**      ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** TD      (X) Change ( ) Addition  
**Name:** WINN, ANN  
**Address:** 1118 ORIENTA AVE  
**City-St-Zip:** ALTAMONTE SPRINGS, FL 32701 US**Title:**      ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

I hereby certify that the information supplied with this filing does not qualify 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: ANN WINN

TD

08/25/2009

Electronic Signature of Signing Officer or Director

Date