


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 12, 2005 08:00 AM
Secretary of State

DOCUMENT # N02000004526 1. Entity Name NATIONAL ASSOCIATION OF RETIRED FEDERAL EMPLOYEES, CHARLOTTE CHAPTER 0754, INC.	
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Principal Place of Business 2980 RIDLEY LN. NORTH PORT, FL 34286-5038	Mailing Address 2980 RIDLEY LN. NORTH PORT, FL 34286-5038
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01062005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 53-0114700	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent VENTURA, JOHN P 2980 RIDLEY LN. NORTH PORT, FL 34286-5038	DO NOT WRITE IN THIS SPACE
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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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T VENTURA, JOHN P 2980 RIDLEY LN. NORTH PORT, FL 342865038
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PAPPA, MARGARET L 188 SEASONS DR. PUNTA GORDA, FL 339835438
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T VENTURA, SYLVIA L 2980 RIDLEY LN. NORTH PORT, FL 342865038
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TODD, LOIS W 601 SHREVE ST. APT-34C PUNTA GORDA, FL 339503332
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PAPE, MELVIN 3116 VILLA ST PORT CHARLOTTE, FL 33980
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/14/05-80012-003 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *John P. Ventura* **1-7-05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #