

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2006 8:00 am
Secretary of State

02-09-2006 90039 037 ****61.25

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DOCUMENT # N02000004526					
1. Entity Name NATIONAL ASSOCIATION OF RETIRED FEDERAL EMPLOYEES, CHARLOTTE CHAPTER 0754, INC.					
Principal Place of Business 2980 RIDLEY LN. NORTH PORT, FL 34286-5038			Mailing Address 2980 RIDLEY LN. NORTH PORT, FL 34286-5038		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 53-0114700	
Zip		Country		Applied For Not Applicable	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
VENTURA, JOHN P 2980 RIDLEY LN. NORTH PORT, FL 34286-5038			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
Filing Fee: \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
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	P VENTURA, JOHN P 2980 RIDLEY LN NORTH PORT, FL 342865038	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T PAPP, MARGARET L 168 SEASONS DR. PUNTA GORDA, FL 339835436		TITLE NAME STREET ADDRESS CITY - ST - ZIP	V PAPP, MARGARET L 168 SEASONS DR PUNTA GORDA, FL 33983 5436	
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	V 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	S CARTER, JOYCE 22415 NEW YORK AVE PORT CHARLOTTE, FL 339527155	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T PAPE, MELVIN 3116 VILLA ST PORT CHARLOTTE, FL 33980		TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			TITLE NAME STREET ADDRESS CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			2-6-06 941-423-7475 Date Daytime Phone #		