2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Feb 07, 2008 8:00 am Secretary of State

DOCUMENT # N0200004526 1. Entity Name NATIONAL ACTIVE & RETIRED FEDERAL EMPLOYEES, CHARLOTTE CHAPTER 0754, INC.)2-07-200	8 90011 02	20 ****6	1.25	
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 - No P.O. Box #		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02022008	hg-NP	CR2E037	7 (12/06)		
City & State		City & State		4. FEI Number 53-01147	00		<u> </u>	plied For Applicable	
Zip	Country	Zip	Country	5. Certificate of S	Status Desired		8.75 Add ee Required		
	6. Name and Address of Current	Registered Agent		7. Name and Ad	dress of New	Registered A	gent		
VENTURA, JOHN P			Name	Name					
2980 RIDLEY LN. NORTH PORT. FL 34286-5038			Street Add	Street Address (P.O. Box Number is Not Acceptable)					
	•								
			City			FL	Zip Code	8	
	named entity submits this statement for ions of registered agent.	the purpose of changing its re	egistered office or r	registered agent, or both, i	n the State of	Florida. I am fa	amiliar with,	and accept	
SIGNATURE .	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE: I	Registered Agent signatur	re required when reinstating)		DATE			
SIGNATURE .	Signature, typed or printed name of registared agent. Filling Fee Is \$81.25 Due by May 1, 2008	9. Election Camp Trust Fund Co	paign Financing	\$5.00 May Be Added to Fees	F	Make check lorida Depart			
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Horida 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 eath; 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 fike empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/6/08

241-423-2475