


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90331 021 \*\*\*\*61.25

<b>DOCUMENT #</b> N04000000090	
<b>1. Entity Name</b> TELEPHONE RETIREES OF FLORIDA, INC.	

<b>Principal Place of Business</b> <del>240 S PINEAPPLE AVE</del> <del>SARASOTA, FL 34236</del>	<b>Mailing Address</b> <del>240 S PINEAPPLE AVE</del> <del>SARASOTA, FL 34236</del>
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<b>2. Principal Place of Business</b> 7421 Sweet Alyssum Suite, Apt. #, etc.	<b>3. Mailing Address</b> 7421 Sweet Alyssum Suite, Apt. #, etc.
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<b>City &amp; State</b> Punta Gorda, FL	<b>City &amp; State</b> Punta Gorda, FL
<b>Zip</b> 33955	<b>Country</b> Charlotte

<b>6. Name and Address of Current Registered Agent</b> KORP, WILLIAM R 240 S PINEAPPLE AVE SARASOTA, FL 34236	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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.

<b>SIGNATURE</b> Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinstating)	<b>DATE</b>
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<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be</b> <b>Added to Fees</b>	<b>Make check payable to</b> <b>Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
<b>TITLE</b> PRES	<b>NAME</b> OUMET, RICHARD PRES	<b>TITLE</b>	<b>NAME</b>
<b>STREET ADDRESS</b> 3270 SOTH SHORE DR. APT. 73B	<b>CITY-ST-ZIP</b> PUNTA GORDA, FL 33955	<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>
<b>TITLE</b> DIR	<b>NAME</b> GRAFF, ANDREW DIR	<b>TITLE</b>	<b>NAME</b>
<b>STREET ADDRESS</b> 2240 BELSFIELD CIRCLE	<b>CITY-ST-ZIP</b> CLERMONT, FL 34711	<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>
<b>TITLE</b> DIR	<b>NAME</b> WOJCIKIEWICZ, CHESTER DIR	<b>TITLE</b>	<b>NAME</b>
<b>STREET ADDRESS</b> 648 BANNING BEACH RD.	<b>CITY-ST-ZIP</b> CLERMONT, FL 34711	<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>
<b>TITLE</b> DIR	<b>NAME</b> FISHER, ROBERT DIR	<b>TITLE</b>	<b>NAME</b>
<b>STREET ADDRESS</b> 7112 FALCONS GRAND BLVD.	<b>CITY-ST-ZIP</b> NAPLES, FL 34113	<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>
<b>TITLE</b> DIR	<b>NAME</b> MCLEAN, ROBERT DIR	<b>TITLE</b>	<b>NAME</b>
<b>STREET ADDRESS</b> 9354 LAKE ABBY LANE	<b>CITY-ST-ZIP</b> BONITA SPRINGS, FL 34135	<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>
<b>TITLE</b> DIR	<b>NAME</b> FULLER, GAIL DIR	<b>TITLE</b>	<b>NAME</b>
<b>STREET ADDRESS</b> 105 MORNINGSTAR DR.	<b>CITY-ST-ZIP</b> PUNTA GORDA, FL 33982	<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

<b>SIGNATURE:</b> <u>Richard W. Oumet</u>	<b>4-7-05</b>	<b>741-637-9894</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>

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