


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 23, 2006 8:00 am
Secretary of State

05-23-2006 90012 019 ****61.25

DOCUMENT # N04000000090 1. Entity Name TELEPHONE RETIREES OF FLORIDA, INC.			
Principal Place of Business 7421 SWEET ALYSUUM PUNTA GORDA, FL 33955		Mailing Address 7421 SWEET ALYSUUM PUNTA GORDA, FL 33955	
2. Principal Place of Business 269 BALTOSEA DR		3. Mailing Address SAME	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State NAPLES, FL		City & State SAME	
Zip 34113	Country COLLIER	Zip 	Country
6. Name and Address of Current Registered Agent KORP, WILLIAM R 240 S PINEAPPLE AVE SARASOTA, FL 34236		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by September 6, 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			
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 10. OFFICERS AND DIRECTORS: </div> <div style="width: 48%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 </div> </div>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES OUMET, RICHARD PRES 3270 SOTH SHORE DR. APT. 73B PUNTA GORDA, FL 33955 <div style="text-align: right;"><input checked="" type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR. OUMET, RICHARD 3270 S. SHORE DR. APT. 73. B PUNTA GORDA, FL. 33955 <div style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR GRAFF, ANDREW DIR 2240 BELSFIELD CIRCLE CLERMONT, FL 34711 <div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR WOJCIKIEWICZ, CHESTER DIR 648 BANNING BEACH RD. CLERMONT, FL 34711 <div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR FISHER, ROBERT DIR 7112 FALCONS GRAND BLVD. NAPLES, FL 34113 <div style="text-align: right;"><input checked="" type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES. FISHER, ROBERT 7112 FALCONS GRAND BLVD NAPLES, FL. 34113 <div style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR MCLEAN, ROBERT DIR 9354 LAKE ABBY LANE BONITA SPRINGS, FL 34135 <div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR FULLER, GAIL DIR 105 MORNINGSTAR DR. PUNTA GORDA, FL 33982 <div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>
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: <u>Robert D. Fisher</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>3/15/06</u> <u>239-793-4808</u> <small>Date Daytime Phone #</small>	