

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000000090

FILED
Apr 07, 2008
Secretary of State

Entity Name: TELEPHONE RETIREES OF FLORIDA, INC.

Current Principal Place of Business:

269 BALTUSEA DR.
NAPLES, FL 34113

New Principal Place of Business:

269 BALTUSROL DR.
NAPLES, FL 34113 US

Current Mailing Address:

269 BALTUSEA DR.
NAPLES, FL 34113

New Mailing Address:

269 BALTUSROL DR.
NAPLES, FL 34113 US

FEI Number: 11-3716527

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KORP, WILLIAM R
240 S PINEAPPLE AVE
SARASOTA, FL 34236 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: FISHER, ROBERT
Address: 7112 FALCONS GRAND BLVD
City-St-Zip: NAPLES, FL 34113 US

Title: DIR () Delete
Name: GRAFF, ANDREW DIR
Address: 2240 BELSFIELD CIRCLE
City-St-Zip: CLERMONT, FL 34711 US

Title: DIR () Delete
Name: WOJCIKIEWICZ, CHESTER DIR
Address: 648 BANNING BEACH RD.
City-St-Zip: CLERMONT, FL 34711 US

Title: D () Delete
Name: QUIMET, RICHARD
Address: 3720 SOUTH SHORE DR APT 738
City-St-Zip: PUNTA GORDA, FL 33955 US

Title: DIR (X) Delete
Name: MCLEAN, ROBERT DIR
Address: 9354 LAKE ABBY LANE
City-St-Zip: BONITA SPRINGS, FL 34135 US

Title: DIR (X) Delete
Name: FULLER, GAIL DIR
Address: 105 MORNINGSTAR DR.
City-St-Zip: PUNTA GORDA, FL 33982 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: FULLER, GAIL
Address: 105 MORNINGSTAR DR
City-St-Zip: PUNTA GORDA, FL 33982 US

Title: DIR (X) Change () Addition
Name: FRASER, RUTH
Address: 263 BAREFOOT BEACH BLVD. #201
City-St-Zip: BONITA SPG'S, FL 34134 US

Title: DIR (X) Change () Addition
Name: FISHER, ROBERT
Address: 7112 FALCONS GR. BLVD.
City-St-Zip: NAPLES, FL 34113 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GAIL FULLER

PRES

04/07/2008

Electronic Signature of Signing Officer or Director

Date