

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000000090

FILED  
Mar 23, 2009  
Secretary of State

Entity Name: TELEPHONE RETIREES OF FLORIDA, INC.

**Current Principal Place of Business:**

269 BALTUSROL DR.  
NAPLES, FL 34113 US

**New Principal Place of Business:**

**Current Mailing Address:**

269 BALTUSROL DR.  
NAPLES, FL 34113 US

**New Mailing Address:**

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: FULLER, GAIL  
Address: 105 MORNINGSTAR DR  
City-St-Zip: PUNTA GORDA, FL 33982 US

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

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

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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: ROBERT FISHER

DIR

03/23/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date