

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000008964

FILED  
May 04, 2007  
Secretary of State

**Entity Name:** RETIRED CORRECTIONS EMPLOYEE ORGANIZATIONS, INC.

**Current Principal Place of Business:**

10792 S.W. 165TH TERRACE  
MIAMI, FL 33157

**New Principal Place of Business:**

**Current Mailing Address:**

10792 S.W. 165TH TERRACE  
MIAMI, FL 33157

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

RAY, FLORA M  
825 N.E. 199TH STREET  
#107  
MIAMI, FL 33179 US

**Name and Address of New Registered Agent:**

RAY, FLORA M  
213 N E 211 TERRACE  
MIAMI, FL 33179 US

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:

05/04/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: LOFTON, THELMA  
Address: 10792 S.W. 165 TERRACE  
City-St-Zip: MIAMI, FL 33157

Title: SECY ( ) Delete  
Name: THOMAS, NITA  
Address: 10792 S W 165 TERR  
City-St-Zip: MIAMI, FL 33157

Title: TEAS ( ) Delete  
Name: PRYOR, IRENE  
Address: 15901 N W 18 AVENUE  
City-St-Zip: MIAMI, FL 33054

Title: F/SE ( ) Delete  
Name: HUESTON, FRANCES  
Address: 920 S BAYSHORE RIVER DRIVE  
City-St-Zip: MIAMI, FL

**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: FLORA M RAY

BMGR

05/04/2007

Electronic Signature of Signing Officer or Director

Date