2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2009
Secretary of State

DOCUMENT# N05000008964

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:

825 N E 199TH STREET
107
MIAMI, FL 33179

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

RAY, FLORA M
825 N E 199TH STREET
107
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: _____ 04/01/2009
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: THELMA LOFTON P 04/01/2009
Electronic Signature of Signing Officer or Director — Date