2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2008
Secretary of State

DOCUMENT# N06000009067

Entity Name: FDNY RETIREES, INC.

Current Principal Place of Business:

1112 SE WESTCHESTER DR
PORT ST LUCIE, FL 34952

New Principal Place of Business:

Current Mailing Address:

1112 SE WESTCHESTER DR
PORT ST LUCIE, FL 34952

New Mailing Address:

FEI Number: 06-1790075 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KEELAN, JAMES G
1112 SE WESTCHESTER DR.
PORT ST LUCIE, FL 34952 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:	CHECCO, ROBERT	
Address:	2950 SE OCEAN BLVD., #21-6	
City-St-Zip:	STUART, FL 34996	
Title:	VP	( ) Delete
Name:	MCCORMACK, RICHARD	
Address:	867 SW AMETHIST TERRACE	
City-St-Zip:	PORT ST. LUCIE, FL 34953	
Title:	T	( ) Delete
Name:	WALSH, WILLIAM	
Address:	PO BOX 1213	
City-St-Zip:	PALM CITY, FL 34990	
Title:	B	( ) Delete
Name:	MAJOR, ROBERT	
Address:	102 ST. LUCIE LANE	
City-St-Zip:	STUART, FL 34994	
Title:	B	( ) Delete
Name:	HENDERSON, RAYMOND	
Address:	1225 NW 21ST ST. #2508	
City-St-Zip:	STUART, FL 34994	
Title:	S	( ) Delete
Name:	KEELAN, JAMES G	
Address:	1112 SE WESTCHESTER DR	
City-St-Zip:	PORT ST. LUCIE, FL 34952	

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:	
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: JAMES G. KEELAN S 01/24/2008

Electronic Signature of Signing Officer or Director — Date