


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-03-2007 90012 015 *****8.75
 04-23-2007 90047 045 *****52.50

DOCUMENT # N06000012109
 1. Entity Name
NATIONAL ASSOCIATION OF RETIRED LAW ENFORCEMENT OFFICERS II INC.



Principal Place of Business Mailing Address
 4182 SILVER FOX DRIVE P.O. BOX 3368
 BROOKSVILLE FL 34609 SPRING HILL FL 34611

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **22-3947807** Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required



1st MOORE CR2E037 (10/06)

6. Name and Address of Current Registered Agent
SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI FL 33145

7. Name and Address of New Registered Agent
 Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City **FL** Zip Code _____

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP	<input type="checkbox"/> Delete
P	FRENCH, WILLIAM	4182 SILVER FOX DRIVE	BROOKSVILLE FL 34609	<input type="checkbox"/>
VD	PAPPAS, GEORGE	4182 SILVER FOX DRIVE	BROOKSVILLE FL 34609	<input type="checkbox"/>
S	GUTSCHMIDT, CHARLES E	4182 SILVER FOX DRIVE	BROOKSVILLE FL 34609	<input type="checkbox"/>
T	BINNS, BARBARA	4182 SILVER FOX DRIVE	BROOKSVILLE FL 34609	<input type="checkbox"/>
D	MCGREW, RICHARD	4182 SILVER FOX DRIVE	BROOKSVILLE FL 34609	<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Charles E. Gutschmidt **CHARLES E. GUTSCHMIDT** 3/15/07 796-7488
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #