2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Feb 15, 2008 8:00 am Secretary of State

DOCUMENT # N08906 1. Entity Name F.D.N.Y. RETIREES, INC., PALM BEACH COUNTY DIVISION								i 	02-15-20	008 90	004 00	4 ****61	.25
Principal Place of Business 8530 WHITE EGRET WAY LAKE WORTH, FL 33467 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 3. Mailing Address								I (TENTIOL ON	88181 (FI) 8 181 11 (104L BLBIK BIB	V 6/8/1 8/8/1 8	1841 DE 08 08 DI
Suite, Apt. #, etc.			Su	Suite, Apt. #, etc.				02112008	Chg-NP		CR2E03	37 (12/06)	
City & State			Cit	City & State				4. FEI Number 59-258					opplied For lot Applicable
Zip Country		Zip	Zip Cou		intry		5. Certificate	of Status De	sired		\$8.75 Ac Fee Requir		
	6. Name	and Address of Curr	ent Registere	ed Agent		Name		7. Name and	Address of	New Re	gistered /	Agent	
MCDONALD, DAVID C. 8530 WHITE EGRET WAY					Name								
LAKE WO	_					Street Address (P.O. Box Number is Not Acceptable)							
						City				-	FL	Zip Co	de
	named entity tions of regist	y submits this statementered agent.	nt for the purp	ose of changing its	registere	led office o	r register	ed agent, or bot	h, in the State	e of Flori		familiar with	, and accept
SIGNATURE .	Sleneture bened												
_	Signature, typed	or printed name of registered a	gent and title if app	blicable. (NOT	E: Registere	d Agent signat	ure required	when reinstating)			DATE		
	Filing Fe	or printed name of registered a	gent and title if app	9. Election Ca Trust Fund	mpaign F	inancing		\$5.00 May B Added to Fees	е		ke check	c payable tment of S	
10.	Filing Fe Due by N	e is \$61.25		9. Election Cal Trust Fund I	mpaign F Contribut	inancing ion.		\$5.00 May B		Florid	ke check la Depar	RECTORS I	State N 10
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TITLE NAME	P SIMMS, R 7355 FAL BOYNTOI V ABBOTT, 440 KELS	OFFICERS AND OFFICERS AND RAYMOND LS ROAD WEST N BEACH, FL 3343	DIRECTORS	9. Election Cal Trust Fund I	mpaign F Contribute 11. THEE NAMM STRE CITY THEE NAMM STRE	inancing ion. E E ET ADDRESS -ST-ZIP	P VICTO H40 PALL	\$5.00 May B Added to Fees	ANGES TO CO	Florid DFFICERS DR	ke check la Depart S AND DIF	RECTORS II	N 10
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

1, ct H aboth Are

VICTOR H. ABBOTT

219108 561-626-984

Daytime Phone #