

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2005 8:00 am
Secretary of State

02-09-2005 90050 007 ****61.25

DOCUMENT # N28462

1. Entity Name

**NATIONAL ASSOCIATION OF RETIRED LAW
ENFORCEMENT OFFICERS, INC.**



Principal Place of Business
6585 CO HWY 44
CRYSTAL RIVER FL 34429

Mailing Address

N.A.R.L.E.O.
P.O. BOX 955
LECANTO FL 34461
US

50012594



1st MOORE CR2E037 (10/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

34460

4. FEI Number

59-2943288

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JOSEPH, BARRY
1769 N ENSIGN POINT
CRYSTAL RIVER FL 34429

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

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	T	<input type="checkbox"/> Delete
NAME	JOSEPH, BARRY	
STREET ADDRESS	1769 NORTH ENSIGN POINT	
CITY-ST-ZIP	CRYSTAL RIVER FL 34429	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MAGUDER, ROBERT	
STREET ADDRESS	2609 N. FOREST RIDGE BLVD.	
CITY-ST-ZIP	HERNANDO FL 34442	
TITLE	P	<input type="checkbox"/> Delete
NAME	MICK, DIANE	
STREET ADDRESS	9880 NO MISTY-JANELL TER	
CITY-ST-ZIP	CRYSTAL RIVER FL 34428	
TITLE	T	<input type="checkbox"/> Delete
NAME	KRUSHANSKY, JOEL	
STREET ADDRESS	1191 N. CHERRY POP DR.	
CITY-ST-ZIP	HERNANDO FL 34442	
TITLE	TR	<input checked="" type="checkbox"/> Delete
NAME	DOWLING, RONALD	
STREET ADDRESS	1760 EAST WESTGATE LANE	
CITY-ST-ZIP	HERNANDO FL 34442	
TITLE	S	<input type="checkbox"/> Delete
NAME	DALEY, THOMAS	
STREET ADDRESS	410 EAST KNIGHTSBRIDGE PLACE	
CITY-ST-ZIP	LECANTO FL 34461	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARRY, JOSEPH	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TRUSTEE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FREUND, ANDREW	
STREET ADDRESS	1601 S.E. 8TH AVENUE #170	
CITY-ST-ZIP	CRYSTAL RIVER, FL 34429	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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: *Joseph J. Barry, Treasurer*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-6-05 352-795-5283

Date

Daytime Phone #