

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000000742

FILED
Jun 01, 2005
Secretary of State

Entity Name: I.L.A. LOCAL NO. 1416 RETIREE CLUB INC.

Current Principal Place of Business:

816 NW 2ND AVE
MIAMI, FL 33136

New Principal Place of Business:

Current Mailing Address:

816 N.W. 2ND AVE.
MIAMI, FL 33136

New Mailing Address:

FEI Number: 65-0448906 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

FLAXMAN, NEIL
550 BILTMORE WAY
STE 780
CORAL GABLES, FL 33134 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: DP () Delete
Name: SIMMONS, ULYSSES
Address: 816 N.W. 2ND AVE.
City-St-Zip: MIAMI, FL 33136

Title: DV () Delete
Name: ADAMS, LEON
Address: 941 NW 174TH ST
City-St-Zip: MIAMI, FL 33169

Title: DFS () Delete
Name: YOUNG, LINCOLN
Address: 816 N.W. 2ND AVE.
City-St-Zip: MIAMI, FL 33136

Title: T () Delete
Name: TUFF, LOUIS
Address: 675 IVERY DAIRY RD., APT. 209
City-St-Zip: NO. MIAMI, FL 33179

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 for the exemption stated in Section 119.07(3)(i), 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: LINCOLN YOUNG

DFS

06/01/2005

Electronic Signature of Signing Officer or Director

Date