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CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 AM 10:10

DOCUMENT # **N94000000957 (0)**

1. Corporation Name
NATIONAL RETIREES COUNCIL & COALITION, INC.

Principal Place of Business	Mailing Address
1020 S EDGEWOOD AVE JACKSONVILLE FL 32205	1020 S EDGEWOOD AVE JACKSONVILLE FL 32205

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/21/1994
3a. Date of Last Report:
4. FEI Number: 59-3215210 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

DEATON, JAMES E
5741 CEDAR PARK LN
JACKSONVILLE FL 32210

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP: (D) JACK CROFT 4243 WOODMERE ST. JACKSONVILLE, FL. 32210	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP: (D) EVA GILL 603 LUNA COURT JACKSONVILLE, FL. 32205	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP: (D) FRED CANCILLA 478 WEST 65th ST. JACKSONVILLE, FLA. 32208	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP: (T) JAMES E. DEATON 5471 CEDAR PARK LANE JACKSONVILLE, FLA. 32210	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP: (T) ROBERT E. PATTEN 915 12th ST. NORTH JACKSONVILLE BEACH, FL. 32250	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP: (T) ROBERT E. McCORT 9516 WATERFORD RD. JACKSONVILLE,FL. 32257	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP ☐ Change ☐ Addition

REMITTED BY MAY 1

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: James E. Deaton James E. Deaton April 28, 1995 904 771-0691
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0024035