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NONPROFIT CORPORATION ANNUAL REPORT 1999

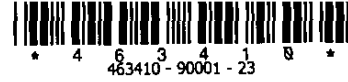


FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N94000000957

1. Corporation Name

NATIONAL RETIREES COUNCIL, INC.



Principal Place of Business

Mailing Address

1020 S EDGEWOOD AVE
 JACKSONVILLE FL 32205

1020 S EDGEWOOD AVE
 JACKSONVILLE FL 32205

2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 5959 ST. AUGUSTINE RD. #C

26 P.O. BOX 5057

02/21/1994

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

Applied For

22 "C"

27

59-3215210

Not Applicable

City & State

City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 JACKSONVILLE, FLA.

28 JACKSONVILLE, FL.

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

Zip

Country

Zip

Country

24 32247

25

DUVAL (USA)

29 32247

30

USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DEATON, JAMES E
 5741 CEDAR PARK LN
 JACKSONVILLE FL 32210

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D DELETE
 NAME CROFT, JACK
 STREET ADDRESS 4243 WOODMERE ST
 CITY-ST-ZIP JACKSONVILLE FL

1.1 TITLE Change Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

TITLE D DELETE
 NAME GILL, EVA
 STREET ADDRESS 603 LUNA CT
 CITY-ST-ZIP JACKSONVILLE FL

2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

TITLE D DELETE
 NAME CANCELLA, FRED
 STREET ADDRESS 478 WEST 65TH ST
 CITY-ST-ZIP JACKSONVILLE FL

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

TITLE P DELETE
 NAME DEATON, JAMES E
 STREET ADDRESS 5471 CEAR PARK LANE
 CITY-ST-ZIP JACKSONVILLE FL

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

TITLE VP DELETE
 NAME COMEAU, GEORGE
 STREET ADDRESS 4809 PHYLISS ST
 CITY-ST-ZIP JACKSONVILLE FL

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

TITLE FST DELETE
 NAME MCCORT, ROBERT E
 STREET ADDRESS 9516 WATERFORD RD
 CITY-ST-ZIP JACKSONVILLE FL

6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

James Deaton 4/20/99 (904) 731-8818

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)