

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000004615

FILED
Jan 27, 2009
Secretary of State

Entity Name: RETIRED EMPLOYEES OF TRANSIT COALITION, INC.

Current Principal Place of Business:

4451 NW 159 ST
MIAMI, FL 33054

New Principal Place of Business:

Current Mailing Address:

4451 NW 159 ST
MIAMI, FL 33054

New Mailing Address:

FEI Number: 65-0719302

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MORRISON, EUGENE
4451 NW 159 ST
MIAMI, FL 33054 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: MORRISON, EUGENE
Address: 4451 NW 159 ST
City-St-Zip: MIAMI, FL 33054

Title: DV () Delete
Name: KING, JOHNNIE L
Address: 1310 NW 52ND STREET
City-St-Zip: MIAMI, FL 33142

Title: FS () Delete
Name: PINCKNEY, FRANKLIN A
Address: 8940 N.W. 17TH AVE.
City-St-Zip: MIAMI, FL 33147

Title: DS () Delete
Name: SHEPHERD, BARBARA
Address: 16520 NW 19TH CT
City-St-Zip: OPA LOCKA, FL 33054

Title: T () Delete
Name: BARFIELD, ELIZABETH
Address: 4321 N MIAMI AVE
City-St-Zip: MIAMI, FL 33127

Title: BA () Delete
Name: BAKER, ROBERT
Address: 1760 N.W. 132ND STREET
City-St-Zip: MIAMI, FL 33167

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:

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 exemption stated 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 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: EUGENE MORRISON

DP

01/27/2009

Electronic Signature of Signing Officer or Director

Date