

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 17, 2006 8:00 am**  
**Secretary of State**

04-17-2006 90398 046 \*\*\*\*61.25

**20031679**



04112006 Chg-NP CR2E037 (11/05)

<b>DOCUMENT # N97000000207</b> 1. Entity Name <b>FLORIDA RETAILERS' FOUNDATION FOR EDUCATION AND RESEARCH, INC.</b>					
Principal Place of Business <b>227 SOUTH ADAMS STREET TALLAHASSEE, FL 32301-1720</b>			Mailing Address <b>227 SOUTH ADAMS STREET TALLAHASSEE, FL 32301-1720</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-3430333</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>MCALLISTER, RICHARD A 227 S ADAMS ST TALLAHASSEE, FL 32301</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	CD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>RUPPERT, ANN</b>		NAME		
STREET ADDRESS	<b>22 E FLAGLER ST</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>MIAMI, FL 33131</b>		CITY-ST-ZIP		
TITLE	VC D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>GAVALAS, VICTOR</b>		NAME		
STREET ADDRESS	<b>212 S MONROE ST</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>TALLAHASSEE, FL 32301</b>		CITY-ST-ZIP		
TITLE	ST <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>CARPENTER, ELAINE MANN</b>		NAME		
STREET ADDRESS	<b>227 S ADAMS ST</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>TALLAHASSEE, FL 32301</b>		CITY-ST-ZIP		
TITLE	P <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>MCALLISTER, RICHARD A</b>		NAME		
STREET ADDRESS	<b>227 S ADAMS STREET</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>TALLAHASSEE, FL 32301</b>		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.					
<b>SIGNATURE:</b>			<b>4-13-06</b> <b>850-222-4082</b> <small>Date Daytime Phone #</small>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					