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Feb 24, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N97000006733**

1. Corporation Name

RETIREEES OF RICHMOND HEIGHTS INCORPORATED

Principal Place of Business

**14640 OLIVIA EDWARD BOULEVARD
MIAMI FL 33176**

Mailing Address

**14640 OLIVIA EDWARD BOULEVARD
MIAMI FL 33176**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/01/1997	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0800528	
22	City & State	27	City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country	9. Name and Address of Current Registered Agent	
25				30	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
GRAY, CHARLES 14640 OLIVIA EDWARD BOULEVARD MIAMI FL 33176				81 Name CHARLES E. BLAKELY	
				82 Street Address (P.O. Box Number is Not Acceptable) 14901 Fillmore Street	
				83 Miami, Florida 33176-7615	
				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

Charles E. Blakely

CHARLES E. BLAKELY, PRESIDENT 1/8/99

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 <input type="checkbox"/> DELETE	1.1 TITLE	Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GRAY, CHARLES	1.2 NAME	LAWRENCE MOSS
STREET ADDRESS	14000 MONROE ST.	1.3 STREET ADDRESS	14761 Jackson Street
CITY-ST-ZIP	MIAMI FL 33176	1.4 CITY-ST-ZIP	Miami, Florida 33176
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLAKELY, CHARLES E	2.2 NAME	
STREET ADDRESS	14901 FILMORE ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33176	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLLOWAY, RAYMOND	3.2 NAME	
STREET ADDRESS	14201 JACKSON ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33176	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAILEY, JAMES	4.2 NAME	
STREET ADDRESS	10305 SW 149 TERR	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33176	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, NATHANIEL P	5.2 NAME	
STREET ADDRESS	14640 FILLMORE ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33176	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:

Charles E. Blakely **CHARLES E. BLAKELY, President**

Date

Daytime Phone #

305-235-4450

CR2E037 (11/98)