


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 16, 2005 08:00 AM
Secretary of State

DOCUMENT # N97000006733					
1. Entity Name RETIRES OF RICHMOND HEIGHTS INCORPORATED					
Principal Place of Business 14640 LINCOLN BLVD MIAMI FL 33176			Mailing Address 14640 LINCOLN BLVD MIAMI FL 33176		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-0800528	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
BLAKELY, CHARLES E 14901 FILLMORE ST MIAMI FL 33176-7615				Name	
				Street Address (P. O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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 CHARLES E. BLAKELY <i>Charles E. Blakely</i> Director				5-13-05	
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)				DATE	
FILE NOW: FEE IS \$61.25 Due By May 1, 2005			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees
			Make Check Payable to Florida Department of State		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GRAY, CHARLES	NAME			
STREET ADDRESS	14000 MONROE ST.	STREET ADDRESS	U000000366947		
CITY - ST - ZIP	MIAMI FL 33176	CITY - ST - ZIP	05/16/05-80014-005 70.00		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BLAKELY, CHARLES E	NAME			
STREET ADDRESS	14901 FILLMORE ST.	STREET ADDRESS			
CITY - ST - ZIP	MIAMI FL 33176	CITY - ST - ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HOLLOWAY, RAYMOND	NAME			
STREET ADDRESS	14201 JACKSON ST.	STREET ADDRESS			
CITY - ST - ZIP	MIAMI FL 33176	CITY - ST - ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BAILEY, JAMES	NAME			
STREET ADDRESS	10305 SW 149 TERR	STREET ADDRESS			
CITY - ST - ZIP	MIAMI FL 33176	CITY - ST - ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SMITH, CATHERINE I	NAME			
STREET ADDRESS	10770 S.W. 150TH TERRACE	STREET ADDRESS			
CITY - ST - ZIP	MIAMI FL 33176	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 exemption stated in Section 119.07(3)(f), 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					
SIGNATURE: CHARLES E. BLAKELY <i>Charles E. Blakely</i>				5-13-05 (305) 235-4550	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	