

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 13, 2008 08:00 AM
Secretary of State

DOCUMENT # N97000006733	
1. Entity Name RETIREES OF RICHMOND HEIGHTS INCORPORATED	

Principal Place of Business 14640 LINCOLN BLVD MIAMI FL 33176	Mailing Address 14640 LINCOLN BLVD MIAMI FL 33176
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E037 (10/07)

City & State	City & State
Zip	Country

4. FEI Number 65-0800528	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☒	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BLAKELY, CHARLES E 14901 FILLMORE ST MIAMI FL 33176-7615
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7. Name and Address of New Registered Agent
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	Signature, typed or printed name of registered agent and title for filer only.	(NOTE: Registered Agent signature not used when re-organizing)	DATE
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FILE NOW: FEE IS \$61.25 Due By May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE	☐ Delete
NAME	GRAY, CHARLES
STREET ADDRESS	14000 MONROE ST.
CITY- ST- ZIP	MIAMI FL 33176
TITLE	☐ Delete
NAME	BLAKELY, CHARLES E
STREET ADDRESS	14901 FILLMORE ST.
CITY- ST- ZIP	MIAMI FL 33176
TITLE	☐ Delete
NAME	HOLLOWAY, RAYMOND
STREET ADDRESS	14201 JACKSON ST.
CITY- ST- ZIP	MIAMI FL 33176
TITLE	☐ Delete
NAME	BAILEY, JAMES
STREET ADDRESS	10305 SW 149 TERR
CITY- ST- ZIP	MIAMI FL 33176
TITLE	☐ Delete
NAME	SMITH, CATHERINE I
STREET ADDRESS	10770 S.W. 150TH TERRACE
CITY- ST- ZIP	MIAMI FL 33176
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

U000000827202
02/21/08-80080-021 70.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

SIGNATURE *Charles E. Blakely* **CHARLES E. BLAKELY** 2/11/08 305-235-4550