FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 23 AM 9:08

DOCUMENT # **739136** **(0)**

1. Corporation Name

RETIRED OFFICERS ASSOCIATION - BROWARD COUNTY CHAPTER, INC.

Principal Place of Business	Mailing Address
~~3119 OAKLAND SHORES DR. APT #C-105~~ ~~FT. LAUDERDALE FL 33309~~	~~3119 OAKLAND SHORES DR. APT #C-105~~ ~~FT. LAUDERDALE FL 33309~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/20/1977
3a. Date of Last Report: 03/09/1994
4. FEI Number: NOT APPLICABLE — Applied For ☐ Not Applicable ☒
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business
21: 461 S.E. 9TH AVE
22 Suite, Apt. #, etc.:
23 City & State: POMPANO BEACH FL
24 Zip: 33060 — 25 Country: USA

2a. Mailing Address
26: P.O. BOX 4130
27 Suite, Apt. #, etc.:
28 City & State: FT LAUDERDALE, FL
29 Zip: 33338 — 30 Country: USA

9. Name and Address of Current Registered Agent

GRADY MICHAEL J JR
3119 OAKLAND SHORES DR APT #C-105
FT. LAUDERDALE FL 33309

10. Name and Address of New Registered Agent

81 Name: COLEMAN, ROBERT E.
82 Street Address (P.O. Box Number is Not Acceptable): 461 S.E. 9TH AVE
83:
84 City: POMPANO BEACH, FL — FL — 85 Zip Code: 33060

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Robert E Coleman — DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VDP	1.1 TITLE	VDP	☒ Change ☐ Addition
NAME	GRADY, MICHAEL J. JR.	1.2 NAME	COLEMAN, ROBERT E.	
STREET ADDRESS	3119 OAKLAND SHORES DR. #C-105	1.3 STREET ADDRESS	461 S.E. 9TH AVE	
CITY-ST-ZIP	FT. LAUDERDALE FL	1.4 CITY-ST-ZIP	POMPANO BEACH, FL	
TITLE	VD	2.1 TITLE	VD	☒ Change ☐ Addition
NAME	COLEMAN, ROBERT E.	2.2 NAME	MCCRACKEN, JAMES B.	
STREET ADDRESS	461 S.E. 9TH AVE.	2.3 STREET ADDRESS	4220 N.E. 16TH TERRACE	
CITY-ST-ZIP	POMPANO BEACH FL	2.4 CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	VD	3.1 TITLE	VD	☒ Change ☐ Addition
NAME	MCCRACKEN, JAMES B.	3.2 NAME	FLETCHER, PAUL	
STREET ADDRESS	4220 N.E. 16TH TERRACE	3.3 STREET ADDRESS	1420 HARBORSIDE DR.	
CITY-ST-ZIP	FT LAUDERDALE FL	3.4 CITY-ST-ZIP	FT. LAUDERDALE FL 33316	
TITLE	C	4.1 TITLE		☐ Change ☐ Addition
NAME	POWERS, WILLIAM	4.2 NAME		
STREET ADDRESS	3039 N.W. 33 AVE.	4.3 STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL	4.4 CITY-ST-ZIP		
TITLE	T	5.1 TITLE		☐ Change ☐ Addition
NAME	CORKEN, JACK C.	5.2 NAME		
STREET ADDRESS	8645 RAMBLEWOOD COURT	5.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS FL	5.4 CITY-ST-ZIP		
TITLE	S	6.1 TITLE		☐ Change ☐ Addition
NAME	LEON, ROBERTO	6.2 NAME		
STREET ADDRESS	1051 DEERPATH COURT	6.3 STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Jack C. Corken — JACK C. CORKEN TREASURER — 1/17/95 — 305-753-7515
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0048918