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Feb 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

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

1. Corporation Name

RETIRED OFFICERS ASSOCIATION - BROWARD COUNTY CHAPTER, INC.

Principal Place of Business	Mailing Address
461 SE 9TH AVE POMPANO BCH FL 33060 US	P O BOX 4130 FT. LAUDERDALE FL 33338-4130 US

3. Date Incorporated or Qualified: 05/20/1977
3a. Date of Last Report: 02/14/1996

2. Principal Place of Business
21
Suite, Apt. #, etc. 22: 4220 NE. 16TH TERRACE
City & State 23: FT LAUDERDALE, FL.
Zip 24: 33334 Country 25: USA

2a. Mailing Address
26: SAME
Suite, Apt. #, etc. 27:
City & State 28:
Zip 29: Country 30:

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

COLEMAN, ROBERT G
461 SE 9TH AVE
POMPANO BCH FL 33060

10. Name and Address of New Registered Agent

81 Name: McCRACKEN, JAMES B
82 Street Address (P.O. Box Number is Not Acceptable): 4220 N.E. 16TH TER.
83:
84 City: FT. LAUDERDALE FL **FL** 85 Zip Code: 33334

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: James B McCracken 1/18/97
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	VDP	☒ DELETE	1.1 TITLE	PRES. P D	☒ Change ☒ Addition
NAME	COLEMAN, ROBERT E		1.2 NAME	McCRACKEN, JAMES B	
STREET ADDRESS	461 SE 9TH AVE		1.3 STREET ADDRESS	4220 N.E. 16TH TERR.	
CITY-ST-ZIP	POMPANO BCH FL		1.4 CITY-ST-ZIP	FT LAUDERDALE, FL. 33334	
TITLE	VD	☒ DELETE	2.1 TITLE	V D	☒ Change ☒ Addition
NAME	MCCRACKIN, JAMES B		2.2 NAME	BURTON, EUGENE R	
STREET ADDRESS	4220 NE 16TH TERR		2.3 STREET ADDRESS	1910 N.E. 37TH COURT	
CITY-ST-ZIP	FT LAUDERDALE FL		2.4 CITY-ST-ZIP	LIGHTHOUSE POINT, FL. 33064	
TITLE	VD	☒ DELETE	3.1 TITLE	V D	☒ Change ☒ Addition
NAME	FLETCHER, PAUL		3.2 NAME	KUNKEL, JAMES E.	
STREET ADDRESS	1420 HARBORSIDE DR		3.3 STREET ADDRESS	6561 N.E. 20TH AVE.	
CITY-ST-ZIP	FT LAUDERDALE FL		3.4 CITY-ST-ZIP	FT. LAUDERDALE, FL. 33308	
TITLE	C	☒ DELETE	4.1 TITLE	V D	☒ Change ☒ Addition
NAME	MCLAUREN, JOHN W		4.2 NAME	DeGROFF, EDWARD, V.	
STREET ADDRESS	3140 NW 108TH DR		4.3 STREET ADDRESS	1431 S. OCEAN BLVD. APT 86	
CITY-ST-ZIP	CORAL SPRINGS FL		4.4 CITY-ST-ZIP	POMPANO BEACH, FL 33062	
TITLE	T D	☐ DELETE	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	☒ DELETE	6.1 TITLE	S D	☒ Change ☒ Addition
NAME	LEON, ROBERTO		6.2 NAME	PEASE, BIRNEY T	
STREET ADDRESS	1051 DEERPATH COURT		6.3 STREET ADDRESS	5555 N. OCEAN Blvd. #19	
CITY-ST-ZIP	FT. LAUDERDALE FL		6.4 CITY-ST-ZIP	FT. LAUDERDALE FL. 33308	

CR2E037 (9/96)

14. I do 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.

SIGNATURE: SIGNATURE REQUIRED James B McCracker 1/18/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0037712