FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 23, 1999 8:00 am
Secretary of State
04-23-1999 90073 022 ****61.25

DOCUMENT # T39136 OK

1. Corporation Name
RETIRED OFFICERS ASSOCIATION - BROWARD COUNTY CHAPTER

Principal Place of Business
BROWARD County, FL

Mailing Address
P.O. Box 771042
CORAL SPRINGS, FL. 33077-1042

398011 - 90073 - 22

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 5/20/1977
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0225164 ☑ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

ROBERT E. COLEMAN (PRESIDENT)
461 S.E. 9TH AVE
POMPANO BEACH, FL 33060

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

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 ROBERT E COLEMAN Robert E Coleman 4-14-99
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	PRESIDENT	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	ROBERT E. COLEMAN		1.2 NAME		
STREET ADDRESS	461 SE 9TH AVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	POMPANO, FL. 33060		1.4 CITY-ST-ZIP		
TITLE	VICE PRESIDENT	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	MICHAEL J. CARSON		2.2 NAME		
STREET ADDRESS	1740 SW 55TH AVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	PLANTATION, FL. 33317		2.4 CITY-ST-ZIP		
TITLE	SECRETARY	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	JOHN, MUTCH		3.2 NAME		
STREET ADDRESS	8251 NW 3RD DR.		3.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS, FL 33071		3.4 CITY-ST-ZIP		
TITLE	TREASURER,	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	JACK C. CORKEN		4.2 NAME		
STREET ADDRESS	8645 RAMBLEWOOD DR		4.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS, FL		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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: Jack C Corken ~~SECY~~ TREASURER, TROA-BCC. 4/12/99 954-753-7515
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #