2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State
03-25-2002 90044 012 ****61.25

DOCUMENT # 739136

1. Entity Name

RETIRED OFFICERS ASSOCIATION - BROWARD COUNTY CHAPTER, INC.

Principal Place of Business	Mailing Address
BROWARD COUNTY BROWARD COUNTY FL	P O BOX 771042 CORAL SPRINGS FL 33072 US

DO NOT WRITE IN THIS SPACE

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 65-0225164 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
TOTINO, WILLIAM P COL 3280 SPANISH MOSS TERRACE 310 LAUDERHILL FL 33319	Name O'BRIEN, DONALD C. LTC Street Address (P.O. Box Number is Not Acceptable) 12244 NW 30TH AVE City CORAL SPRINGS FL Zip Code 33065

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.

SIGNATURE _____ 1/19/2002
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

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD TOTINO, WILLIAM P COL 3280 SPANISH MOSS TERRACE 310 POMPANO BEACH FL 33060	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD O'BRIEN, DONALD C LTC 12244 NW 30TH AVE CORAL SPRINGS FL 33065	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	1VPD TRICHILO, SAM LTC 10924 N.W. 41ST DR CORAL SPRINGS FL 33065	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	1VPD GOODALL, JEFFREY L. JR. MAJ 11245 W. ATLANTIC BLVD # 308 CORAL SPRINGS FL. 33071	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	2VPD RACOY, CHARLES H LTC 1150-703 HILLSBOROUGH MILE HILLSBORO BEACH FL 33062	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	3VPD OBRIEN, DONALD C LTC. 12244 NW 30TH AVE CORAL SPRINGS FL 33065	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	3VPD GRADY, ROSLYN M. 3119 OAKLAND SHORES DR C105 FT. LAUDERDALE, FL 33309	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD COURTER, FLORENCE MRS 2341 SW 26TH AVE FORT LAUDERDALE FL 33312	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TMD CORKEN, JACK C 8645 RAMBLEWOOD DR CORAL SPRINGS FL 33071	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/01)

12. 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 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: Jack C. Corken JACK C. Corken TREASURER TRSR BCC 1/19/02 954-753-2515
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #