FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # 747973 (6)

1. Corporation Name

THE RETIRED OFFICERS ASSOCIATION, CAPE CANAVERAL CHAPTER, INC.

Principal Place of Business	Mailing Address
CAPE CANAVERAL CHAPTER. INC. TRDA P. O. BOX 4186 PATRICK AFB FL 32925	CAPE CANAVERAL CHAPTER. INC. TRDA P. O. BOX 4186 PATRICK AFB FL 32925

3. Date Incorporated or Qualified: 07/05/1979

3a. Date of Last Report: 05/01/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.: 22 P.O. Box 254186

City & State: 23

Zip: 24 Country: 25

2a. Mailing Address

26

Suite, Apt. #, etc.: 27 P.O. Box 254186

City & State: 28

Zip: 29 Country: 30

4. FEI Number: 59-1711052 ☐ 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

WITHNER, JAMES E
1569 PIONEER DRIVE
MELBOURNE FL 32940

10. Name and Address of New Registered Agent

81 Name: Francis M. Blanchard, Jr.

82 Street Address (P.O. Box Number is Not Acceptable): 755 Thrasher Drive

83

84 City: Rockledge FL 85 Zip Code: 32955

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: F. M. Blanchard Jr. F. M. Blanchard, Jr. 2-7-96
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	ST	☒ DELETE	11 TITLE	ST	☐ Change ☒ Addition
NAME	WITHNER, JAMES E		12 NAME	Francis M. Blanchard, Jr.	
STREET ADDRESS	1569 PIONEER DRIVE		13 STREET ADDRESS	755 Thrasher Drive	
CITY-ST-ZIP	MELBOURVE FL		14 CITY-ST-ZIP	Rockledge, FL 32955-~~4186~~ 6305	
TITLE	V	☒ DELETE	21 TITLE	V	☐ Change ☒ Addition
NAME	FRAILING, LEROY G.		22 NAME	Edward M. Browne	
STREET ADDRESS	2256 HAMLET DRIVE		23 STREET ADDRESS	150 Lansing Island Drive	
CITY-ST-ZIP	MELBOURNE FL		24 CITY-ST-ZIP	Indian Harbor Beach, FL 32937	
TITLE	P	☐ DELETE	31 TITLE	D	☒ Change ☐ Addition
NAME	SCHNEIDER, FRANK J		32 NAME		
STREET ADDRESS	630 S BREVARD AVE APT 1127		33 STREET ADDRESS		
CITY-ST-ZIP	COCOA BEACH FL		34 CITY-ST-ZIP		
TITLE	V	☐ DELETE	41 TITLE	P	☒ Change ☐ Addition
NAME	BANGERT, ROBERT L		42 NAME		
STREET ADDRESS	1340 INDEPENDENCE AVE		43 STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE FL		44 CITY-ST-ZIP		
TITLE	D	☒ DELETE	51 TITLE	V	☐ Change ☒ Addition
NAME	LYNN, ROBERT G		52 NAME	Edmund J. Peresluha	
STREET ADDRESS	681 SPRING LAKE DRIVE		53 STREET ADDRESS	15 Azalea Drive	
CITY-ST-ZIP	MELBOURNE FL		54 CITY-ST-ZIP	Cocoa Beach, FL 32931	
TITLE	D	☐ DELETE	61 TITLE	600001750986	☐ Change ☐ Addition
NAME	JENNE, HERBERT J		62 NAME	-03/20/96--01052--013	
STREET ADDRESS	1481 PATRIOT DRIVE		63 STREET ADDRESS	***61.25	
CITY-ST-ZIP	MELBOURNE FL		64 CITY-ST-ZIP		

CR2E037 (12/95)

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)(k), 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: F. M. Blanchard Jr. F. M. Blanchard, Jr. 2-7-96 407-639-8505
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #