

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 25 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 # **747973** (6)

1. Corporation Name

THE RETIRED OFFICERS ASSOCIATION, CAPE CANAVERAL
CHAPTER, INC.

Principal Place of Business CAPE CANAVERAL CHAPTER, INC. TRDA P. O. BOX 254186 PATRICK AFB FL 32925	Mailing Address CAPE CANAVERAL CHAPTER, INC. TRDA P. O. BOX 254186 PATRICK AFB FL 32925-0186
---	--

3. Date Incorporated or Qualified 07/05/1979	3a. Date of Last Report 03/20/1996
--	--

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	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

10. Name and Address of New Registered Agent

BLANCHARD, FRANCIS M
755 THRASHER DRIVE
ROCKLEDGE FL 32955

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
			FL	

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: *Francis M. Blanchard, Jr.* Secretary/Treasurer **3-20-97**
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 NAME STREET ADDRESS CITY - ST - ZIP	ST BLANCHARD, FRANCIS M JR 755 THRASHER DRIVE ROCKLEDGE FL 32955-6305 ☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V BROWNE, EDWARD M 150 LANSING ISLAND DRIVE INDIAN HARBOR BEACH FL 32937 ☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SCHNEIDER, FRANK J 630 S BREVARD AVE APT 1127 COCOA BEACH FL ☒ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BANGERT, ROBERT L 1340 INDEPENDENCE AVE MELBOURNE FL ☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V PERESLUHA, EDMUND J 15 AZALEA DRIVE COCOA BEACH FL 32931 ☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JENNE, HERBERT J 1481 PATRIOT DRIVE MELBOURNE FL ☒ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	☐ Change ☒ Addition

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: *Francis M. Blanchard, Jr.* (Francis M. Blanchard, Jr. 3-20-97 (407) 639-8505)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0021103

CR2E037 (9/96)