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Apr 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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 254186 PATRICK AFB FL 32925	CAPE CANAVERAL CHAPTER. INC. TRDA P. O. BOX 254186 PATRICK AFB FL 32925

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

4. FEI Number: 59-1711052 ☐ Applied For ☒ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

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

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

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ 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 **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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	ST	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	BLANCHARD, FRANCIS M JR		1.2 NAME		
STREET ADDRESS	755 THRASHER DRIVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	ROCKLEDGE FL 32955-6305		1.4 CITY-ST-ZIP		
TITLE	P	☐ DELETE	2.1 TITLE	D	☒ Change ☐ Addition
NAME	BROWNE, EDWARD M		2.2 NAME		
STREET ADDRESS	150 LANSING ISLAND DRIVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	INDIAN HARBOR BEACH FL		2.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	3.1 TITLE	P	☒ Change ☐ Addition
NAME	MASTERSON, GORDON P		3.2 NAME		
STREET ADDRESS	7580 HALF MOON COURT		3.3 STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE FL 77		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	BANGERT, ROBERT L		4.2 NAME		
STREET ADDRESS	1340 INDEPENDENCE AVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE FL		4.4 CITY-ST-ZIP		
TITLE	V	☒ DELETE	5.1 TITLE	V	☐ Change ☒ Addition
NAME	PERESLUHA, EDMUND J		5.2 NAME	Prentice, Gordon R	
STREET ADDRESS	15 AZALEA DRIVE		5.3 STREET ADDRESS	1448 Patriot Dr	
CITY-ST-ZIP	COCOA BEACH FL 32931		5.4 CITY-ST-ZIP	Melbourne, FL 32940	
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	BERMAN, SEYMOUR		6.2 NAME		
STREET ADDRESS	207 ROSE DR		6.3 STREET ADDRESS		
CITY-ST-ZIP	COCOA BEACH FL 67		6.4 CITY-ST-ZIP		

CR2E037 (10/97)

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.

SIGNATURE: Francis M. Blanchard 4-16-98 (407)639-8505