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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 747973					
1. Corporation Name THE RETIRED OFFICERS ASSOCIATION, CAPE CANAVERAL CHAPTER, INC.					
Principal Place of Business CAPE CANAVERAL CHAPTER, INC. TRDA P. O. BOX 254188 PATRICK AFB FL 32925			Mailing Address CAPE CANAVERAL CHAPTER, INC. TRDA P. O. BOX 254186 PATRICK AFB FL 32925		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		07/05/1979	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-1711052	
24 Country		29 Country		30 Country	
25 Country		29 Country		30 Country	
26 Country		29 Country		30 Country	
27 Country		29 Country		30 Country	
28 Country		29 Country		30 Country	
29 Country		29 Country		30 Country	
30 Country		29 Country		30 Country	

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 THOMAS J. WUCHTE 82 Street Address (P.O. Box Number is Not Acceptable) 232 TIPTON RD SW 83 84 City PAUM BAY FL 85 Zip Code 32908	
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 <i>Thomas J. Wuchte</i>		DATE 2/2/99	

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	ST	1.1 TITLE	ST
NAME	BLANCHARD, FRANCIS M JR	1.2 NAME	WUCHTE, THOMAS J.
STREET ADDRESS	755 THRASHER DRIVE	1.3 STREET ADDRESS	232 TIPTON RD SW
CITY-ST-ZIP	ROCKLEDGE FL 32955-8305	1.4 CITY-ST-ZIP	PAUM BAY FL 32908
TITLE	B	2.1 TITLE	D.
NAME	BROWNE, EDWARD M	2.2 NAME	PATRICK KENNEDY
STREET ADDRESS	150 LANSING ISLAND DRIVE	2.3 STREET ADDRESS	120 DISSOTO AVE
CITY-ST-ZIP	INDIAN HARBOR BEACH FL	2.4 CITY-ST-ZIP	SATELLITE BEACH, FL 32937 04
TITLE	P	3.1 TITLE	GORDON R. PRENTICE
NAME	MASTERSON, GORDON P	3.2 NAME	1448 PATRIOT DR
STREET ADDRESS	7580 HALF MOON COURT	3.3 STREET ADDRESS	MELBOURNE, FL 32940-6818
CITY-ST-ZIP	MELBOURNE FL 77	3.4 CITY-ST-ZIP	MELBOURNE, FL 32940-6818
TITLE	B	4.1 TITLE	D.
NAME	BANGERT, ROBERT L	4.2 NAME	MARY KENDALL / PATRICK KENNEDY
STREET ADDRESS	1340 INDEPENDENCE AVE	4.3 STREET ADDRESS	625 BARCELONA CT / 120 DISSOTO AVE
CITY-ST-ZIP	MELBOURNE FL	4.4 CITY-ST-ZIP	SATELLITE BEACH, FL 32937-3907 / SAT BAY FL
TITLE	V	5.1 TITLE	V
NAME	PRENTICE, GORDON R	5.2 NAME	CHESTER L. RICE
STREET ADDRESS	1448 PATRIOT DR	5.3 STREET ADDRESS	2493 ECHOHOLE PL
CITY-ST-ZIP	MELBOURNE FL 32940	5.4 CITY-ST-ZIP	COCOA, FL 32926-7418
TITLE	B	6.1 TITLE	D
NAME	BERMAN, SEYMOUR	6.2 NAME	KENNETH FERGUSON
STREET ADDRESS	207 ROSE DR	6.3 STREET ADDRESS	1483 PATRIOT DR
CITY-ST-ZIP	COCOA BEACH FL 67	6.4 CITY-ST-ZIP	MELBOURNE, FL 32940-6819

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 817, 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:

Thomas J. Wuchte
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/99

683-9534

CR2E037 (11/98)

13.2 V.

JOHN C. MURPHY

310 ALBACORE PL.

MILBOURNE BEACH, FL 32951-2904

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