

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 15, 2003 8:00 am
Secretary of State

01-15-2003 90309 036 ****61.25

DOCUMENT # 747973

1. Entity 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**

20008863



☐ CHECK HERE IF MAKING CHANGES

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 **59-1711052**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**PATTERSON, MICHAEL O
1550 INDEPENDANCE AVE
MELBOURNE FL 32940**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **T** ☐ Delete
NAME **PATTERSON, MICHAEL O**
STREET ADDRESS **1550 INDEPENDANCE DR**
CITY-ST-ZIP **MELBOURNE FL 32940**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **P** ☒ Delete
NAME **NOWLIN, KLYNE D**
STREET ADDRESS **440 PORT ROYAL BLVD**
CITY-ST-ZIP **SATELLITE BEACH FL 32937**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **V** ☐ Delete
NAME **LONG, HOMER S**
STREET ADDRESS **1536 TIPPICANOE CT**
CITY-ST-ZIP **MELBOURNE FL 32940**

TITLE **P** ☒ Change ☐ Addition
NAME **LONG, HOMER S.**
STREET ADDRESS **1536 TIPPICANOE CT**
CITY-ST-ZIP **MELBOURNE, FL 32940**

TITLE **S** ☐ Delete
NAME **METCALF, EDWIN**
STREET ADDRESS **100 RIVERSIDE DR. #606**
CITY-ST-ZIP **COCOA FL 32922**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Delete
NAME **PAWLAIT, HARRY J**
STREET ADDRESS **748 ATLANTIC DR**
CITY-ST-ZIP **SATELLITE BEACH FL 32937**

TITLE **V** ☒ Change ☐ Addition
NAME **PAWLAIT, HARRY J.**
STREET ADDRESS **748 ATLANTIC DR**
CITY-ST-ZIP **SATELLITE BEACH, FL 32937**

TITLE **D** ☐ Delete
NAME **BALDWIN, JOHNNY**
STREET ADDRESS **1050 ROCK SPRINGS DR**
CITY-ST-ZIP **MELBOURNE FL 32940**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Michael O. Patterson* **RECMICHAEL O. PATTERSON** 1-11-03 (321) 259-2438

CR2E037 (10/02)

Attachments

20008863

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ADDITIONS TO OFFICERS AND DIRECTORS IN ITEM 10

D

Hilliard, John R. (D)
408 Saint Georges Ct.
Satellite Beach, FL 32937

D

John C. Murphy
310 Albacor Place
Melbourne Beach, FL 32951

D

Walsh, Eugene R. (D)
1502 Independence Ave.
Melbourne, FL 32940

D

Robert M. Ball
1767 Independence Ave.
Melbourne, FL 32940

D

Jeffrey, Richard (D)
1562 Frontier Dr.
Melbourne, FL 32940

D

Beverly R. Dibble
467 Bridgetown Ct.
Satellite Beach, FL 32937