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Feb 12 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **749755** (5)

1. Corporation Name

THE FLORIDA COUNCIL OF CHAPTERS OF THE RETIRED OFFICERS ASSOCIATION INCORPORATED

Principal Place of Business

Mailing Address

**3375 ZEPHYR WAY NORTH
JACKSONVILLE BEACH FL 32250
US****3375 ZEPHYR WAY NORTH
JACKSONVILLE BEACH FL 32250-3007
US**3. Date Incorporated or Qualified
11/13/19793a. Date of Last Report
03/15/1996

2. Principal Place of Business

2a. Mailing Address

21 2882 Hyde Park Court**26 2882 Hyde Park Court**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22**27**

City & State

City & State

23 Clearwater, FL**28 Clearwater, FL**

Zip

Country

Zip

Country

24 34621-1805 25 US**29 34621-1805 30 US**

4. FEI Number

59-2222828

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

**TAPPIN, DONALD F
3375 ZEPHYR WAY NORTH
JACKSONVILLE BEACH FL 32250****61 Name
WILLIAM C. LEWIS****62 Street Address (P.O. Box Number is Not Acceptable)
2882 Hyde Park Court****63****64 City
Clearwater, FL 65 Zip Code
34621**

11. Pursuant to the provisions of Sections 617.0502 and 617.1506, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, 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

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

Feb. 3, 1997

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	SD	<input type="checkbox"/> DELETE
NAME	JASTREMSKI, RICHARD	
STREET ADDRESS	2720 BIRCHWOOD DR	
CITY-ST-ZIP	ORANGE PARK FL	

1.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Baxter, Evelyn Sue	
1.3 STREET ADDRESS	5814 Mariner Drive	
1.4 CITY-ST-ZIP	Tampa, FL 33609	

TITLE	D	<input type="checkbox"/> DELETE
NAME	HAYDEN, ROBERT T COL	
STREET ADDRESS	3715 CONSTANCIA DR	
CITY-ST-ZIP	GREEN COVE SPRINGS FL	

2.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Buchert, Ronald V.	
2.3 STREET ADDRESS	14504 Thornfield Court	
2.4 CITY-ST-ZIP	Tampa, FL 33624	

TITLE	TD	<input type="checkbox"/> DELETE
NAME	TAPPIN, F. D COL	
STREET ADDRESS	3375 ZEPHYR WAY N	
CITY-ST-ZIP	JACKSONVILLE BEACH FL	

3.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Lewis, William C.	
3.3 STREET ADDRESS	2882 Hyde Park Court	
3.4 CITY-ST-ZIP	Clearwater, FL 34621-1805	

TITLE	D	<input type="checkbox"/> DELETE
NAME	NOWLIN, KLYNE D	
STREET ADDRESS	440 PORT ROYAL BLVD	
CITY-ST-ZIP	SATELLITE BEACH FL	

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> DELETE
NAME	PHILLIPS, ROBERT G.	
STREET ADDRESS	230 30TH AVE S	
CITY-ST-ZIP	JACKSONVILLE BEACH FL	

5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Buerger, Robert	
5.3 STREET ADDRESS	26 Minnehaha Circle	
5.4 CITY-ST-ZIP	Maitland, FL 32751-4539	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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:

WILLIAM C. LEWIS/DIR**Feb. 3, 1997**

Date

Daytime Phone # 0006717

CR2E037 (9/96)