FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAR 24 AM 11:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **754287** **(1)**

1. Corporation Name
PENSACOLA CHAPTER, INC., THE RETIRED OFFICERS AS SOCIATION.

Principal Place of Business	Mailing Address
P.O. BOX 15268 PENSACOLA FL 32514	P. O. BOX 4979 PENSACOLA FL 3250- US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/23/1980**
3a. Date of Last Report: **02/28/1994**
4. FEI Number: **58-9033907** ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

JAMES, RUSSELL R
4018 INDIGO DR
PENSACOLAZE FL 32507

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, 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	P P	11 TITLE	☐ Change ☐ Addition
NAME	ADAMS, WILLIAM A	12 NAME	
STREET ADDRESS	516 S 2ND ST	13 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL 32507	14 CITY-ST-ZIP	
TITLE	PD	21 TITLE	☐ Change ☐ Addition
NAME	THIRY, GAR	22 NAME	
STREET ADDRESS	316 SHETLAND CT	23 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL 32506	24 CITY-ST-ZIP	
TITLE	V	31 TITLE	☒ Change ☐ Addition
NAME	~~ANDERSON, WILLIAM A~~ Leonard Poth	32 NAME	
STREET ADDRESS	~~430 FORT PICKENS RD~~ 9920 Harlington St	33 STREET ADDRESS	←
CITY-ST-ZIP	~~PENSACOLA FL 32561~~ Cantonment, FL 32533	34 CITY-ST-ZIP	
TITLE	T	41 TITLE	☐ Change ☐ Addition
NAME	FLUTHE, COURTNEY	42 NAME	
STREET ADDRESS	202 REED RD	43 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL 32507	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☒ Change ☐ Addition
NAME	~~BARRETTM JUNE~~ Gregg, Paul	52 NAME	
STREET ADDRESS	~~509 LONG LAKE DR~~ 9800 Pinebrake Ct	53 STREET ADDRESS	←
CITY-ST-ZIP	~~PENSACOLA FL~~ Pensacola, FL 32514	54 CITY-ST-ZIP	
TITLE	SD	61 TITLE	☐ Change ☐ Addition
NAME	JAMES, RUSSELL R	62 NAME	3/22
STREET ADDRESS	4018 INDIGO DR	63 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL 32507	64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: _____ 3-22-95 904 492 0258
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0071171