

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 754287 (1)

1. Corporation Name

PENSACOLA CHAPTER, INC., THE RETIRED OFFICERS AS
SOCIATION.

Principal Place of Business

P.O. BOX 15268
PENSACOLA FL 32514

Mailing Address

P. O. BOX 4979
PENSACOLA FL 3250-
US



3. Date Incorporated or Qualified
09/23/1980

3a. Date of Last Report
03/24/1995

2. Principal Place of Business

2a. Mailing Address

21 P.O. Box 4979

26 P.O. Box 4979

4. FEI Number
58-9033907

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

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

City & State

City & State

23 PENSACOLA, FL

28 PENSACOLA, FL

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

24 Zip 32507

25 Country US

29 Zip 32507

30 Country US

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

JAMES, RUSSELL R
4018 INDIGO DR
PENSACOLA FL 32507

81 Name PASCHALL, WILLIAM, D.
82 Str 2809 SANDY RIDGE, RD.
83
84 City GULF BREESE FL 32506

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

[Signature]

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONAL OFFICERS AND DIRECTORS IN 12

TITLE PP
NAME ADAMS, WILLIAM A ☒ DELETE
STREET ADDRESS 516 S 2ND ST
CITY-ST-ZIP PENSACOLA FL 32507

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
-03/13/96--01026--001 Change ☐ Addition
***61.25

TITLE PD
NAME THIRY, GAR ☐ DELETE
STREET ADDRESS 316 SHETLAND CT
CITY-ST-ZIP PENSACOLA FL 32506

2.1 TITLE PD
2.2 NAME THIRY, GAR ☒ Change ☐ Addition
2.3 STREET ADDRESS 319 S. 61ST AVE
2.4 CITY-ST-ZIP PENSACOLA, FL 32507

TITLE V
NAME POTH, LEONARD ☐ DELETE
STREET ADDRESS 9920 HARLINGTON ST
CITY-ST-ZIP CANTONMENT FL 32533

3.1 TITLE PD
3.2 NAME POTH, LEONARD ☒ Change ☐ Addition
3.3 STREET ADDRESS 9920 HARLINGTON ST
3.4 CITY-ST-ZIP CANTONMENT, FL 32533

TITLE T
NAME FLYTHE, COURTNEY ☐ DELETE
STREET ADDRESS 202 REED RD
CITY-ST-ZIP PENSACOLA FL 32507

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME GREGG, PAUL ☐ DELETE
STREET ADDRESS 9800 PINEBRAKE CT
CITY-ST-ZIP PENSACOLA FL 32514

5.1 TITLE V/D
5.2 NAME GREGG, PAUL ☒ Change ☐ Addition
5.3 STREET ADDRESS 9800 PINEBRAKE CT
5.4 CITY-ST-ZIP PENSACOLA, FL 32506

TITLE S
NAME JAMES, RUSSELL R ☒ DELETE
STREET ADDRESS 4018 INDIGO DR
CITY-ST-ZIP PENSACOLA FL 32507

6.1 TITLE
6.2 NAME S/D PASCHALL, WILLIAM, D. ☒ CHANGE
6.3 STREET ADDRESS 2809 SANDY RIDGE RD
6.4 CITY-ST-ZIP GULF BREESE, FL 32506

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)(k), 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 *[Signature]*

Mar 7, 1996

904-932-5294

CR2E037 (12/95)

5/12/96