

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 # 769045 (6)

1. Corporation Name

THE RETIRED OFFICERS CLUB OF SARASOTA INC.



Principal Place of Business

P. O. BOX 34230-1016
SARASOTA FL 34230-8016

Mailing Address

P. O. BOX 34230-1016
SARASOTA FL 34230-8016

3. Date Incorporated or Qualified
06/22/1983

3a. Date of Last Report
02/07/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**NEU, DICK D.
861 FORESTVIEW DRIVE
SARASOTA FL 34232-9460**

10. Name and Address of New Registered Agent

81 Name

MILLER, MICHAEL

82

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

4727 ELDERBERRY DRIVE

83

84

City

SARASOTA,

FL

85

Zip Code

34241

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

2/5/96

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VD	☒ DELETE
NAME	BARKER, JOHN P.	
STREET ADDRESS	1438 LANDINGS CIRCLE	
CITY-ST-ZIP	SARASOTA FL	
TITLE	TD	☒ DELETE
NAME	GRENIER, PAUL W.	
STREET ADDRESS	3728 SURREY LN.	
CITY-ST-ZIP	SARASOTA FL	
TITLE	PD	☐ DELETE
NAME	CROWELL, HOWARD G. J	
STREET ADDRESS	3970 PRAIRIE DUNES DRIVE	
CITY-ST-ZIP	SARASOTA FL	
TITLE	SD	☒ DELETE
NAME	NEU, DICK D.	
STREET ADDRESS	861 FORESTVIEW DRIVE	
CITY-ST-ZIP	SARASOTA FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VD	☐ Change ☒ Addition
1.2 NAME	FERNANDER, BOBBIE B.	
1.3 STREET ADDRESS	5173 FLICKER FIELD CIRCLE	
1.4 CITY-ST-ZIP	SARASOTA, FL 34231	
2.1 TITLE	TD	☐ Change ☒ Addition
2.2 NAME	WELCH, ELLIOT J.	
2.3 STREET ADDRESS	4701 PINE HARRIER DR.	
2.4 CITY-ST-ZIP	SARASOTA, FL 34231	
3.1 TITLE		☒ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP	34238	
4.1 TITLE	VD	☐ Change ☒ Addition
4.2 NAME	MILLER, MICHAEL	
4.3 STREET ADDRESS	4727 ELDERBERRY DRIVE	
4.4 CITY-ST-ZIP	SARASOTA, FL 34241	
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/96 (941)379-8928

Date

Daytime Phone #

CR2E037 (12/95)