np **FILE NOW: FILING FEE IS $61.25**

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Mar 07 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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	Mailing Address
P. O. BOX 34230-1016 SARASOTA FL 34230-1016	P. O. BOX 34230-1016 SARASOTA FL 34230

3. Date Incorporated or Qualified: 06/22/1983
3a. Date of Last Report: 02/09/1996

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

4. FEI Number: 59-2061358 ☐ 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**

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

10. **Name and Address of New Registered Agent**

81 Name: ELLIOT J. WELCH
82 Street Address (P.O. Box Number is Not Acceptable): 4701 PINE HARRIER DRIVE
83
84 City: SARASOTA FL 85 Zip Code: 34231

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: Elliot J. Welch — FEB 8, 1997
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	FERNANDER, BOBBIE B		1.2 NAME		
STREET ADDRESS	5173 FLICKER FIELD CIRCLE		1.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL 34231		1.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	WELCH, ELLIOT J		2.2 NAME		
STREET ADDRESS	4701 PINE HARRIER DR.		2.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL 34231		2.4 CITY-ST-ZIP		
TITLE	PD	☒ DELETE	3.1 TITLE	PD	☒ Change ☒ Addition
NAME	CROWELL, HOWARD G. J		3.2 NAME	ROBERT K. GEIGER	
STREET ADDRESS	3970 PRAIRIE DUNES DRIVE		3.3 STREET ADDRESS	3273 CHAS MAC DONALD DRIVE	
CITY-ST-ZIP	SARASOTA FL 34238		3.4 CITY-ST-ZIP	SARASOTA, FL 34240-8914	
TITLE	VD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	MILLER, MICHAEL		4.2 NAME		
STREET ADDRESS	4727 ELDERBERRY DRIVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL 34241		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

$61.25

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: Elliot J. Welch ELLIOT J WELCH — FEB 8, 1997 — 941-366-7070
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0079645