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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997
DOCUMENT #

769045

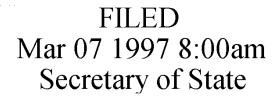
(6)

THE RETIRED OFFICERS CLUB OF SARASOTA INC.

 Principal Place of Business
 Mailing Address

 P. O. BOX 34230-1016
 P. O. BOX 34230-1016

 SARASOTA FL 34230-1016
 SARASOTA FL 34230-1016





3. Date incorporated or Qualified 06/22/1983

<u> </u>	lace of Business	2a. Mailing Address			4. FEI Number 59-2061358		Applied For	
21 Suite, Apt. #, etc.		Suite, Apt. #, etc.		00 200 1000		Not Applicable		
22		27			5. Certificate of Status Desired	esired 58.75 Additional Fee Required		
City & State	City & State City & State				Election Campaign Financing Trust Fund Contribution		00 May Be ed to Fees	
Zip	Country	Zip	Count	γ	8. This corporation has liability for			
24	25 29 30			Florida Statutes Yes No				
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent			
				Name				
NEU, DICK D.				82 Street Address (P.O. Box Number is Not Acceptable)				
861 FORESTVIEW DRIVE				2 Street Address (P.O. Box Number is Not Acceptable)				
				83				
				1				
			В	City 5	ARASOTA	FL 85 3	ip Code 4/2/3/	
11 Pursuant to the provisions of Sections 617 0502 and 617 1508 Elevida Statutes the et				L				
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	Ellery y, We		·· ;	·····		1. 1. 18 8, DATE	1971	
12.	Signature, typed or printed name registered agent		13.	gent signature require				
TITLE	VD Pricens AND	DELETE	1.1 TITLE		ADDITIONS/CHANGES TO OFFIC	Chang		
NAME	FERNANDER, BOBBIE B	La Dittil	1	1		CT Origin	ואוויסטאובו א	
í	THE PLANTED PIPE IN CIDAL P		1.2 NAM	[7		\{ \}	
STREET ADDRESS	.			ET ADDRESS	ſ		<u> </u>	
CITY-ST-ZIP	SARASOTA FL 34231	Floritte	1.4 CITY					
TITLE	· ·		2.1 TITLE	1		☐ Chang	pe 🔲 Addition 🕻	
NAME			22 NAM	1	_		ļ	
STREET ADDRESS			2.3 STRE	ET ADDRESS			}	
CITY - ST - ZIP	SARASOTA FL 34231		2. 4 CITY					
TITLE	PD	DELETE.	3.1 TITLE			D⊠ Chan	pe DX Addition	
NAME	CROWELL, HOWARD G. J		3.2 NAM	Re	DBERT K. G-EIGER 273 CHAS MAC DONAL	. 20 a	1	
STREET ADDRESS	3970 PRAIRIE DUNES DRIVE		3.3 STRE	et address 32	273 CHAS MACDONAL	DARIVE		
CITY-ST-ZIP	SARASOTA FL 34238		3.4. CITY	-ST-ZIP 5A	RASOTA, FL 34240	-89/1		
THLE	VD	☐ DELETE	4.1 TITLE	1	•	Chang	pe L□ Addition	
NAME	MILLER, MICHAEL		4. 2 NAM	E			ļ	
STREET ADDRESS	4727 ELDERBERRY DRIVE		4.3 STRE	T ADDRESS			1	
CITY-ST-ZIP	SARASOTA FL 34241		4.4 CITY	ST - ZIP				
TITLE	· · · · · ·	☐ DELETE	5.1 TITLE			Chang	e Addition	
NAME (5.2 NAMI				1	
STREET ADDRESS			5.3 STRE	ET ADDRESS			į	
CITY-ST-ZIP			5.4 CITY	ST-ZIP			{	
TITLE		DELETE	6.1 TITLE			Chang	ge Addition	
NAME			. 6.2 NAMI				~ X X	
STREET ADDRESS			6.3 STRE	T ADDRESS		بمياعلا	/ M.W	
CITY-ST-ZIP			6.4 CITY	ST-ZIP		** 61. 23	- YV/VI	
14. 1 do heret	by certify that the information supplied	with this filing does not qualify	for the ex	emption stated	in Section 119.07(3)(i), Florida Statute	s. I further certify th	nat 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.								