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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **769347** **(6)**

1. Corporation Name

THE FLORIDA GOLD COAST CHAPTER, RETIRED OFFICERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1545 MATARO AVE. CORAL GABLES FL 33146-9420	1545 MATARO AVE. CORAL GABLES FL 33146-2420

3. Date Incorporated or Qualified: 07/13/1983
3a. Date of Last Report: 03/11/1996

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: 59-2344552 ☐ 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

BOONE,, CAREY
1545 MATARO AVE.
CORAL GABLES FL 33146-9420

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 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 _____ 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SHURTLEFF, RODGER W JR 1049 CATALONIA AVE CORAL GABLES FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition PD SHURTLEFF, RODGER W JR HOME 1049 CATALONIA AVE CORAL GABLES, FL 33134
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD WRIGHT, DR. W 5991 SW 85TH STREET SOUTH MIAMI FL	☑ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☑ Change ☐ Addition SD JOHNSON, E. MERLIN P.O. BOX 141143 CORAL GABLES, FL 33114-1143 N/K
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD CAREY, BOONE 1545 MATARO AVENUE CORAL GABLES FL	☑ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☑ Change ☐ Addition TD WRIGHT, WILLIAM D 5991 SW 85TH ST SOUTH MIAMI FL
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP KLUG, CHARLES 9737 SW 134TH TERRACE MIAMI FL	☑ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☑ Change ☐ Addition VP ~~JOHN THOM~~ THOMSON, JOHN M. SUITE ONE 320 MINORCA AVE. CORAL GABLES, FL.
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~VP~~ ~~BOONE, CAREY~~ ~~1545 MATARO AVENUE~~ ~~CORAL GABLES FL~~	☑ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☑ Addition VP BOONE CAREY 1545 MATARO AVE CORAL GABLES FL 33146-2420
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (9/96)

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: Boone Carey REQUIRED 7 JAN 1997 (305) 665-5591
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0030444