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NONPROFIT CORPORATION ANNUAL REPORT
**1999**

FLORIDA DEPARTMENT OF STATE
**Katherine Harris**
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 769347

1. Corporation Name

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

| Principal Place of Business | Mailing Address |
|---|---|
| 1545 MATARO AVE.<br>CORAL GABLES FL 33146-9420 | 1545 MATARO AVE.<br>CORAL GABLES FL 33146-9420 |

| 2. Principal Place of Business | 2a. Mailing Address | 3. Date Incorporated or Qualifed |
|---|---|---|
| 21 5991 SW 85 ST | 26 5991 SW 85 ST | 07/13/1983 |
| Suite, Apt. #, etc.<br>22 | Suite, Apt. #, etc.<br>27 | 4. FEI Number: 59-2344552 ☐ Applied For ☐ Not Applicable |
| City & State<br>23 SOUTH MIAMI, FL | City & State<br>28 SOUTH MIAMI, FL | 5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required |
| Zip / Country<br>24 33143 25 | Zip / Country<br>29 33143 30 | 6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees |

| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
|---|---|
| BOONE,, CAREY<br>1545 MATARO AVE.<br>CORAL GABLES FL 33146-9420 | 81 Name: WILLIAM D. WRIGHT, JR.<br>82 Street Address (P.O. Box Number is Not Acceptable): 5991 SW 85 ST<br>83<br>84 City: SOUTH MIAMI FL 85 Zip Code: 33143 |

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 William D. Wright Jr. — Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) — DATE: 30 January 1999

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE | PD | ☐ DELETE | 1.1 TITLE | | ☑ Change ☐ Addition |
| NAME | SHURTLEFF, RODGER W JR | | 1.2 NAME | | |
| STREET ADDRESS | 1049 CATALONIA AVE | | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | CORAL GABLES FL | | 1.4 CITY-ST-ZIP | CORAL GABLES, FL 33134 | |
| TITLE | SD | ☐ DELETE | 2.1 TITLE | | ☑ Change ☐ Addition |
| NAME | JOHNSON, MERLIN E. | | 2.2 NAME | | |
| STREET ADDRESS | P.O. BOX 141143 N/A | | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | CORAL GABLES FL | | 2.4 CITY-ST-ZIP | CORAL GABLES, FL 33134 | |
| TITLE | TD | ☐ DELETE | 3.1 TITLE | | ☑ Change ☐ Addition |
| NAME | WRIGHT, WILLIAM D. | | 3.2 NAME | WRIGHT, WILLIAM D. JR | |
| STREET ADDRESS | 5991 S.W. 85TH ST. | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | SOUTH MIAMI FL | | 3.4 CITY-ST-ZIP | SOUTH MIAMI, FL 33143 | |
| TITLE | VP | ☑ DELETE | 4.1 TITLE | VP | ☑ Change ☐ Addition |
| NAME | THOMSON, JOHN M. | | 4.2 NAME | LAMIS, NICHOLAS JR. | |
| STREET ADDRESS | 370 MINORCA AVE., SUITE ONE | | 4.3 STREET ADDRESS | 13100 SW 104 CT | |
| CITY-ST-ZIP | CORAL GABLES FL | | 4.4 CITY-ST-ZIP | MIAMI, FL 33176 | |
| TITLE | VP | ☑ DELETE | 5.1 TITLE | VP | ☑ Change ☐ Addition |
| NAME | CAREY, BOONE | | 5.2 NAME | ROSEN, MARTY | |
| STREET ADDRESS | 1545 MATARO AVE. N/A | | 5.3 STREET ADDRESS | 1120 MANATI AVE | |
| CITY-ST-ZIP | CORAL GABLES FL | | 5.4 CITY-ST-ZIP | CORAL GABLES, FL 33146 | |
| 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 (11/98)

14. I 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, with all other like empowered.

**SIGNATURE:** William D. Wright Jr. SIGNATURE REQUIRED — 30 January 1999 — (305) 666-4115
WILLIAM D. WRIGHT, JR.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #