

FILE NOW: FILING FEE IS \$61.25

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Apr 23 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 771055 (1)
1. Corporation Name
THE GAINESVILLE FLORIDA CHAPTER OF THE RETIRED OFFICERS ASSOCIATION, INC.



Principal Place of Business C/O PETER H. WARD 4001 NEWBERRY RD. S-1. BLDG. C GAINESVILLE FL 32607	Mailing Address C/O PETER H. WARD 4001 NEWBERRY RD. S-1. BLDG. C GAINESVILLE FL 32607-2392
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2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 11/02/1983		3a. Date of Last Report 04/05/1996	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 59-2413342		Applied For Not Applicable	
City & State 23		City & State 28		5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
Zip 24		Country 25		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 WARD, PETER H. 4001 NEWBERRY ROAD, SUITE 1 BUILDING C GAINESVILLE FL 32607				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 _____
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	T	☒ DELETE		1.1 TITLE	1st Vice President	☐ Change	☒ Addition
NAME	NATTRESS, JOHN			1.2 NAME	WAGNER, TIMOTHY W.		
STREET ADDRESS	5980 SW 35TH WAY			1.3 STREET ADDRESS	3761 NW 39 AV		
CITY-ST-ZIP	GAINESVILLE FL			1.4 CITY-ST-ZIP	GAINESVILLE, FL 32606-6172		
TITLE	VP	☐ DELETE		2.1 TITLE	President	☒ Change	☐ Addition
NAME	PETER H WARD			2.2 NAME			
STREET ADDRESS	1210 NW 51 TERRACE			2.3 STREET ADDRESS			
CITY-ST-ZIP	GAINESVILLE FL			2.4 CITY-ST-ZIP			
TITLE	P	☒ DELETE		3.1 TITLE	2d Vice President	☐ Change	☒ Addition
NAME	GERBERG, GENE			3.2 NAME	MERLE E. LILLEY		
STREET ADDRESS	5819 N.W. 57TH WAY			3.3 STREET ADDRESS	8620 NW 1312 ST		
CITY-ST-ZIP	GAINESVILLE FL			3.4 CITY-ST-ZIP	Gainesville, FL 32653		
TITLE	D	☐ DELETE		4.1 TITLE		☐ Change	☐ Addition
NAME	FEASTER, JOHN W			4.2 NAME			
STREET ADDRESS	1721 NE 75TH STREET			4.3 STREET ADDRESS			
CITY-ST-ZIP	GAINESVILLE FL			4.4 CITY-ST-ZIP			
TITLE	D	☐ DELETE		5.1 TITLE		☐ Change	☐ Addition
NAME	PIERCE, ROGER			5.2 NAME			
STREET ADDRESS	5015 NW 19 PL			5.3 STREET ADDRESS			
CITY-ST-ZIP	GAINESVILLE FL			5.4 CITY-ST-ZIP			
TITLE	S	☒ DELETE		6.1 TITLE	Director	☐ Change	☒ Addition
NAME	D R GODWIN			6.2 NAME	Receives. Bob Robert D.		
STREET ADDRESS	1713 SW 43RD AVE			6.3 STREET ADDRESS	3525 NW 3031st		
CITY-ST-ZIP	GAINESVILLE FL			6.4 CITY-ST-ZIP	Gainesville, FL 32605		

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 in changed, or on an attachment with an address.

SIGNATURE _____
4/11/97 (352) 377-1111

CR2E037 (9/96)