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Feb 03 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N08286** (9)

1. Corporation Name

SPACE COAST CHAPTER, INC. THE RETIRED OFFICERS ASSOCIATION

Principal Place of Business

Mailing Address

**RETIRED OFFICERS ASSOC.
P O BOX 1493
TITUSVILLE FL 32781-1493
US**

**RETIRED OFFICERS ASSOC
P O BOX 1493
TITUSVILLE FL 32781-1493
US**

3. Date Incorporated or Qualified

03/21/1985

4. FEI Number

59-2637172

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

7. Is this nonprofit corporation a homeowners association?
☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**STANFIELD, DONALD G
1615 CARRIAGE DR. E.
TITUSVILLE FL 32796**

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 **P** ☐ DELETE
NAME **POMPA, JOHN**
STREET ADDRESS **3770 HICKORY HILL BLVD**
CITY-ST-ZIP **TITUSVILLE FL 32780**

TITLE **VP** ☐ DELETE
NAME **SCHURBERT, GEORGE**
STREET ADDRESS **2157 KINGS CROSS**
CITY-ST-ZIP **TITUSVILLE FL 32796**

TITLE **ST** ☐ DELETE
NAME **STANFIELD, DONALD**
STREET ADDRESS **1615 CARRIAGE DRIVE E**
CITY-ST-ZIP **TITUSVILLE FL**

TITLE **D** ☐ DELETE
NAME **KEITH, ROBERT**
STREET ADDRESS **3932 TANGLEWOOD CIR**
CITY-ST-ZIP **TITUSVILLE FL**

TITLE **D** ☐ DELETE
NAME **TINSLEY, ROBERT**
STREET ADDRESS **651 OAKWOOD PLACE**
CITY-ST-ZIP **TITUSVILLE FL 32780**

TITLE **D** ☐ DELETE
NAME **ROWLAND, MARVIN**
STREET ADDRESS **3912 TANGLEWOOD CIR**
CITY-ST-ZIP **TITUSVILLE FL**

1.1 TITLE **1 VP** ☐ Change ☒ Addition

1.2 NAME **Raymond Sharkey**

1.3 STREET ADDRESS **4245 Abby Ln.**

1.4 CITY-ST-ZIP **Titusville FL 32796** ☐ Change ☐ Addition

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE **D.** ☐ Change ☒ Addition

3.2 NAME

3.3 STREET ADDRESS **Juanita Fatula**

3.4 CITY-ST-ZIP **1735 Figtree Dr. Titusville FL**

4.1 TITLE **32780** ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR0307 (10/97)