FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1999**

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

FILED
Feb 21, 1999 8:00 am
Secretary of State
02-21-1999 90045 007 ****61.25

0042310

DOCUMENT # N27074

1. Corporation Name

PALM BEACH AREA CHAPTER OF THE RETIRED OFFICERS ASSOCIATION INC.

Principal Place of Business	Mailing Address
P.O. BOX 3345 BOYNTON BEACH FL 33424-3345 US	POST OFFICE BOX 3345 BOYNTON BEACH FL 33424-3345 US

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21	26	06/22/1988
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0028198 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

KRELL, IRENE
5961 NW 2ND AVE #211
BOCA RATON FL 33487

10. Name and Address of New Registered Agent

81 Name ALLAN NIRENBERG
82 Street Address (P.O. Box Number is Not Acceptable) 6520 BOCA DEL MAR DRIVE #107
83
84 City BOCA RATON FL 85 Zip Code 33433

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] Jan 8, 1999
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	PRES D	☐ DELETE	1.1 TITLE	DIRECTOR ONLY	☒ Change ☐ Addition
NAME	KRELL, IRENE		1.2 NAME		
STREET ADDRESS	5961 N W 2ND AVE @211		1.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33487		1.4 CITY-ST-ZIP		
TITLE	VP	☒ DELETE	2.1 TITLE	(VP)	☐ Change ☐ Addition
NAME	RAYER, COL JOHN		2.2 NAME	MRS. ELIZABETH BADGELY	
STREET ADDRESS	2383 S W 13TH AVE		2.3 STREET ADDRESS	21750 CONTADO RD.	
CITY-ST-ZIP	BOYNTON BEACH FL 33426		2.4 CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE	PRESIDENT	☐ DELETE	3.1 TITLE	PRESIDENT AND DIRECTOR	☒ Change ☐ Addition
NAME	NIRENBERG, ALLAN		3.2 NAME		
STREET ADDRESS	6520 BOCA DEL MAR DR #10		3.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33433		3.4. CITY-ST-ZIP		
TITLE	S /D	☐ DELETE	4.1 TITLE	SECRETARY / DIRECTOR	☐ Change ☐ Addition
NAME	LILLING, WILBUR		4. 2 NAME		
STREET ADDRESS	7772 MAJESTIC PALM DR		4.3 STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BEACH FL 33437		4.4 CITY-ST-ZIP		
TITLE	~~T~~	☒ DELETE	5.1 TITLE	(D)	☐ Change ☐ Addition
NAME	PERRY, C E		5.2 NAME	DR. STANLEY SCHUCHER	
STREET ADDRESS	4465B PANDANUS TREE ROAD		5.3 STREET ADDRESS	21750 CONTADO RD	
CITY-ST-ZIP	BOYNTON BEACH FL		5.4 CITY-ST-ZIP	BOCA RATON, FL 33433	
TITLE	VP D	☐ DELETE	6.1 TITLE	DIRECTOR ONLY	☒ Change ☐ Addition
NAME	BLANK, MERRY		6.2 NAME		
STREET ADDRESS	122 FOREST HILL BOULEVARD		6.3 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL		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: SIGNATURE REQUIRED Jan 8, 1999
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #