NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #

N9300001356 (5)

RETIRED OFFICERS ASSOCIATION OF CITRUS COUNTY, I

Principal Place of Business

Mailing Address

670 W. PEARSON ST. HERNANDO FL 34442

POST OFFICE BOX 995 INVERNESS FL 34451



					— <u> </u>	
<u> </u>					 Date Incorporated or Qualified 03/19/1993 	3a. Date of Last Report 03/09/1995
	Place of Busin		2a. Mailing Address	·	4. FEI Number	
21 8 3	322 F.C	FULF TO LAKE H	WY 26		59-3180300	Applied For
Suite, Ap	it. #, etc.		Suite, Apt. #, etc.		00010000	Not Applicable
22		27		5. Certificate of Status Desired	\$8.75 Additional	
City & State			City & State			Fee Required
	VERNE	SS FL	28		6. Election Campaign Financing	55.00 May Be
Zip	_	Country	Zıp	Country	Trust Fund Contribution	Added to Fees
24 34450		25 USA-	29	30	8. This corporation has liability for in	ntangible tax under s. 199.032.
9. Name and Address of Current Registered Agent			nt Registered Agent		Florida Statutes Yes No	
				81 Name	10. Name and Address of New Re	egistered Agent
MCLEC	D, CARLTO	N		1 - 1 Marile	14/15/F 1/4/1/4/	
670 W. PEARSON ST.				82 Street	Address (P.O. Box Number is Not Acceptable	2)
	NDO FL 34			L834	22 E. GULF TO LAKE	″µاس√
TICHTO	1100 (E 34)	112		83		,,,,,
				84 City		
• <u> </u>				City)	NVERNESS	85 Zip Code
Or registe	to the provisi	ons of Sections 617.0502	and 617.1508, Florida Statu	tes, the above named co	NVERNESS proporation submits this statement for the purple board of directors. I hereby accept the appoint	FL 34450-511
familiar w	ith, and accer	Doin, in the State of Florid of the obligations of Secti	da. Such change was authorized 617,0502. Florido Park	zed by the corporation's	board of directors. I hereby accept the appoint	ose of changing its registered office
SIGNATURE	m-	10:00 1/1/1	ori di 7.0303, Florida Statute:	S.	a subject to appoint	nument as registered agent. I am
CIGNATONE.	Signature (your	or printed name of registered agent	My			
12.		OFFICERS AND	DIRECTORS	OTE. Registered Agent signature re		DATE
TITLE	PD	OT THE PARTY	™ DELETE	13.	ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTORS IN 12
	1 11		(MALUELE 1 E	1.1 Title		
NAME	SOKOL	IOHN	7	1.1 TITLE	PD	Change [7] Addition
	SOKOL,		7	1.1 MILE		Change Addition
STREET ADDRESS	7277 S.	BAKER AVE. RT. 3	7		HAMEL, LED	• •
CITY - ST - ZIP	7277 S. FLORAL		7	1.2 NAME 1.3 STREET ADDRESS	HAMEL, LED 4202 N. LITTLE DOVE	TERRACE
STREET ADDRESS CITY: ST-ZIP TITLE	7277 S. Floral VD	BAKER AVE. RT. 3 CITY FL 34436	₩ DELETE	1.2 NAME 1.3 Street Address 1.4 City - St - Zip	HAMEL, LEO 4202 N. LITTLE DOVE HERNANDO FL 344	TERRACE 42-2847
STREET ADDRESS CITY ST-ZIP TITLE	7277 S. FLORAL VD HAMEL,	BAKER AVE. RT. 3 CITY FL 34436 LEO	€ DELETE	1 2 NAME 1 3 STREET ADDRESS 1.4 CITY - ST - ZIP 2 1 THLE	HAMEL, LEO 4202 N. LITTLE DOVE HERNANDO FL 344 VD	TERRACE
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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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.