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Jan 27 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N93000001356 (5)**

1. Corporation Name

RETIRED OFFICERS ASSOCIATION OF CITRUS COUNTY, I NC.

Principal Place of Business	Mailing Address
8322 E. GULF TO LAKE HWY. INVERNESSO FL 34450-5116	POST OFFICE BOX 995 INVERNESS FL 34451-0995

3. Date Incorporated or Qualified: 03/19/1993
3a. Date of Last Report: 02/27/1996

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

4. FEI Number: 59-3180300 ☐ 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

WISE, MAURICE H
8322 E. GULF TO LAKE HWY.
INVERNESS FL 34450-5116

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	HAMEL, LEO		1.2 NAME	NOLTE, HENRY	
STREET ADDRESS	4202 N. LITTLE DOVE TERRACE		1.3 STREET ADDRESS	2690 W EXPRESS LANE	
CITY-ST-ZIP	HERNADO FL 34442-2847		1.4 CITY-ST-ZIP	LECANTO FL 34461-9796	
TITLE	VD	☐ DELETE	2.1 TITLE	VD	☒ Change ☐ Addition
NAME	NOLTE, HENRY		2.2 NAME	TRUAX, ROBERT	
STREET ADDRESS	2690 W. EXPRESS LANE		2.3 STREET ADDRESS	801 N BERLIN POINT	
CITY-ST-ZIP	LECANTO FL 34450-5116		2.4 CITY-ST-ZIP	INVERNESS FL 34453-3668	
TITLE	SD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	WISE, MAURICE		3.2 NAME		
STREET ADDRESS	8322 E. GULF TO LAKE HWY.		3.3 STREET ADDRESS		
CITY-ST-ZIP	INVERNESS FL 34450-5116		3.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	GREEN, THOMAS		4.2 NAME		
STREET ADDRESS	6160 N. WHITE PALM WAY		4.3 STREET ADDRESS		
CITY-ST-ZIP	BEVERLY HILLS FL 34465-2581		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	BRYAN, CLARENCE		5.2 NAME		
STREET ADDRESS	619 SW KINGS BAY DR.		5.3 STREET ADDRESS		
CITY-ST-ZIP	CRYSTAL RIVER FL 34429		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE	D	☒ Change ☐ Addition
NAME	RAYMER, JOHN		6.2 NAME	SAMPSON, HARRY	
STREET ADDRESS	653 W. BUTTONBUSH DR.		6.3 STREET ADDRESS	12280 RAINTREE COURT	
CITY-ST-ZIP	BEVERLY HILLS FL 34450		6.4 CITY-ST-ZIP	INVERNESS FL 34450-3102	

CR2E037 (9/96)

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 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: Maurice H Wise MAURICE H. WISE RED — 9 JAN 1997 — (352)344-
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #