DOCUMENT # N9300001356 1. Entity Name RETIRED OFFICERS ASSOCIATION OF CITRUS COUNTY, I					Feb 08, 2000 8:00 am Secretary of State 02-08-2000 90048 022 ****61.25			
Principal Plac	e of Business	Mailing Address						
8322 E. GULF INVERNESSO F	TO LAKE HWY. L 34450-5116	POST OFFICE BOX 995 INVERNESS FL 34451-0995			B0016479			
2. Principal P.	lace of Business PENNSYL VANIA AVE.	3. Mailing Address						
Suite, Apt.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & Stat	RIVER , PLONIDA	City & State			4. FEI Number Applied Fe			
Zip 34428- :	Country	Zip	Country		5. Certificate	of Status Desired	\$8.75 Ad	ditional
	6. Name and Address of Current F	Registered Agent			7. Name and	Address of New Register	ed Agent	
				Name RUNYON, GARY E				
WISE, MAI	IRICE H	2905 N		Address (P.	s (P.O. Box Number is Not Acceptable)			
	ULF TO LAKE HWY.			5 N.	. PENNSYLVANIA AVENUE			
INVERNES	S FL 34450-5116							
			C	RYSTA	L RIVE	ر ۸	FL Zip Cod 3 442	<u>8-27</u>
8. The above	named entity submits this statement for	the purpose of changing its re	egistered office o	or registere	d agent, or both	h, in the state of Florida.		
SIGNATURE .	Signature, typed or privited name of registered agent a	GARY E RU	WYON Registered Agent signal			FEB 4, 2	E O O	
	FILE NOW: FEE IS \$61.25				May Be to Fees		ck Payable to ent of State	•
10.	OFFICERS AND DIR	ECTORS	11.		DDITIONS/CHA	ANGES TO OFFICERS AND		V 10
TITLE	Ρ	Delete	TITLE	D	n loss	υ P	☐ Change	7.
NAME STREET ADDRESS	BLUNK, KATHRYN	•	NAME STREET ADDRESS	455	BEL, JOHN P 55 E. HILLSDALE LANÉ VERNESS, FL 34452-9057			
CITY-ST-ZIP	2323 HENDRY PT HERNANDO FL 34442		CITY-ST-ZIP	INVE				
TITLE	V	□ Delete	TITLE	P			Change	
NAME	KENNEY, JOHN	•	NAME					
STREET ADDRESS	17 GLOXINIAS CT		STREET ADDRESS					
-CITY-ST-ZIP	HOMOSASSA FL-34446-0001 - ==	- CITY-ST-ZIP	0	D Change				
TITLE NAME	D Wise, Mauricee	Delete	TITLE NAME		AK, ROB	ert c		/
STREET ADDRESS	8322 E. GULF TO LAKE HWY.		STREET ADDRESS	801	N BERG	IN POINT		
CITY-ST-ZIP	INVERNESS FL 34450		CITY-ST-ZIP	INVE	MNESS 1	FL 34453 -	3668	
TITLE	T	☐ Delete	TITLE]			☐ Change	□.
NAME	GREEN, THOMAS		NAME					
STREET ADDRESS CITY-ST-ZIP	6160 N. WHITE PALM WAY		STREET ADDRESS CITY-ST-ZIP					
TITLE	BEVERLY HILLS FL 34465-2581	Delete	TITLE	D			Change	
NAME	OSBOR WN, GEORGE	יים יים פוטוטי יים	NAME	0580	RN, GE	orce w	aligo	_
STREET ADDRESS	611 W SUNSET STRIP DR	•	STREET ADDRESS	1				
CITY-ST-ZIP	BEVERLY HILLS FL 34465	<u> </u>	CITY-ST-ZIP	<u> </u>	_ 			
TITLE	S .	☐ Delete	TITLE '	5/	V		Change	□.
NAME STREET ADDRESS	RUNYON, GARY E		NAME STREET ADDRESS					
CITY-ST-ZIP	2905 N PENNSYLVANIA AVE CRYSTAL RIVER FL 34428		CITY-ST-ZIP					
	Certify that the information supplied with	this filing does not qualify for the	<u></u>	ted in Sec	tion 119 07/3)/i) Florida Statutes I furthe	certify that the '	-

. Thereby 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 indicated on this report or supplemental 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 upon 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 10 or Block 10 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: GOOD PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FEB 4, 2003 (352) 563-5727

Date Daytime Phone #

TH TD