FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 22 AM 11:09

DOCUMENT # 714587 (3)

1. Corporation Name
CAPE CORAL RETIRED OFFICERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2122 SE 10TH PLACE CAPE CORAL FL 33990	2122 SE 10TH PLACE CAPE CORAL FL 33990

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/14/1968
3a. Date of Last Report: 04/20/1994
4. FEI Number: 23-7229224 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
City & State 23	City & State 28	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	$68.75 Supplemental Fee Not Required
Zip 24 / Country 25	Zip 29 / Country 30	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent

FLOODY, HARRY
2122 SE 10TH PLACE
CAPE CORAL FL 33990

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 607.0502 and 607.1508, 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 607.0505, 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	D PD	1.1 TITLE		☐ Change ☐ Addition
NAME	FLOODY, HARRY	1.2 NAME		
STREET ADDRESS	2122 SE 10TH PLACE	1.3 STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL FL	1.4 CITY-ST-ZIP		
TITLE	D	2.1 TITLE	VP	☒ Change ☐ Addition
NAME	~~HULSAY, DAVID~~	2.2 NAME	Kolloff, Paul	
STREET ADDRESS	~~5235 TIFFANY CT.~~	2.3 STREET ADDRESS	2059 SE 27th Terrace	
CITY-ST-ZIP	~~CAPE CORAL FL~~	2.4 CITY-ST-ZIP	Cape Coral FL 33904	
TITLE	SD	3.1 TITLE		☐ Change ☐ Addition
NAME	MEDFORD, EDWARD E.	3.2 NAME		
STREET ADDRESS	603 SW 52ND STREET	3.3 STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL FL	3.4 CITY-ST-ZIP		
TITLE	TD	4.1 TITLE		☐ Change ☐ Addition
NAME	CONNER, JAMES M	4.2 NAME		
STREET ADDRESS	5103 CALUSA CT.	4.3 STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL FL	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	HARVEY, CLINTON D.	5.2 NAME		
STREET ADDRESS	716 SE 44TH ST.	5.3 STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL FL	5.4 CITY-ST-ZIP		
TITLE	PD D	6.1 TITLE		☐ Change ☐ Addition
NAME	RICH, CLANCY	6.2 NAME		
STREET ADDRESS	5246 TIFFANY CT.	6.3 STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL FL	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: James M. Conner 13 Feb 95 (813) 657-5221
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
JAMES M. CONNER - TREASURER

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