

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**CORPORATION  
ANNUAL REPORT  
1995**



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

APPROVED  
AND  
FILED

95 FEB -6 AM 8:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # 718348 (6)**

1. Corporation Name

**CITRUS CENTER CHAPTER RETIRED OFFICERS ASSOCIATI  
ON, INC.**

Principal Place of Business

Mailing Address

695 S RAMONA AVE  
P.O. BOX 2272  
WINTER HAVEN FL 33883

695 S RAMONA AVE  
P.O. BOX 2272  
WINTER HAVEN FL 33883

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **04/16/1970** 3a. Date of Last Report **01/31/1994**

4. FEI Number **23-7333103** Applied For  Not Applicable

2. Principal Place of Business

2a. Mailing Address

21  Suite, Apt. #, etc.

26  Suite, Apt. #, etc.

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

22  City & State

27  City & State

6. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees

23  Zip Country

28  Zip Country

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75** Supplemental Fee Not Required

24  Zip Country

29  Zip Country

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HAGY, LTC WILLIAM K.  
695 S. RAMONA AVE.  
LAKE ALFRED FL 33850

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	P
NAME	WORTMAN, JOSEPH B
STREET ADDRESS	6702 HAYTER DR
CITY - ST - ZIP	LAKELAND FL 33813
TITLE	VD
NAME	TIDWELL, WADE
STREET ADDRESS	253 HOWARD AVE. LONE PALM
CITY - ST - ZIP	LAKELAND FL
TITLE	VD
NAME	DUBOSE, HOWARD M
STREET ADDRESS	2130 BENFORD AVE.
CITY - ST - ZIP	LAKELAND FL 33803
TITLE	VD
NAME	DONALD, MARK J
STREET ADDRESS	1204 ROBINSWOOD COURT N.
CITY - ST - ZIP	LAKELAND FL 33813
TITLE	ST
NAME	HAGY, WILLIAM K.
STREET ADDRESS	695 S. RAMONA VE.
CITY - ST - ZIP	LAKE ALFRED FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	TIDWELL, WADE
1.3 STREET ADDRESS	253 HOWARD AVE. LONE PALM
1.4 CITY - ST - ZIP	LAKELAND, FL 33801
2.1 TITLE	V/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	HUTCHINSON, ROBERT C.
2.3 STREET ADDRESS	610 E. HIGHLAND DR.
2.4 CITY - ST - ZIP	LAKELAND, FL 33813
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	V/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	REICH, G.A.
4.3 STREET ADDRESS	1040 W. LAKE HAMILTON DR.
4.4 CITY - ST - ZIP	WINTER HAVEN, FL 33881
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	WORTMAN, JOSEPH B.
6.3 STREET ADDRESS	1505 WINDOVER LANE
6.4 CITY - ST - ZIP	LAKELAND, FL 33813

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)(4), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *William K. Hagy* WILLIAM K. HAGY SECY/TREAS 1-11-95 813-956-4837  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Month/Day/Year)