

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **718348** (6)  
1. Corporation Name  
**CITRUS CENTER CHAPTER RETIRED OFFICERS ASSOCIATION, INC.**



Principal Place of Business: **695 S RAMONA AVE, P.O. BOX 2272, WINTER HAVEN FL 33883**  
Mailing Address: **695 S RAMONA AVE, P.O. BOX 2272, WINTER HAVEN FL 33883**

3. Date incorporated or Qualified: **04/16/1970** 3a. Date of Last Report: **02/06/1995**  
4. FEI Number: **23-7333103** 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

2. Principal Place of Business (21-24) and Mailing Address (2a-30) fields with sub-headers for Suite, Apt. #, etc., City & State, Zip, and Country.

9. Name and Address of Current Registered Agent: **HAGY, LTC WILLIAM K., 695 S. RAMONA AVE., LAKE ALFRED FL 33850**  
10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, and 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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: <b>P</b>	<input type="checkbox"/> DELETE	11 TITLE: <b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>TIDWELL, WADE</b>		12 NAME: <b>DUBOSE HOWARD M.</b>	
STREET ADDRESS: <b>253 HOWARD AVE., LONE PALM</b>		13 STREET ADDRESS: <b>2130 BENFORD. AVE.</b>	
CITY-ST-ZIP: <b>LAKELAND FL 33813</b>		14 CITY-ST-ZIP: <b>LAKELAND, FL 33803</b>	
TITLE: <b>V/D</b>	<input type="checkbox"/> DELETE	21 TITLE: <b>V/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>HUTCHINSON, ROBERT C</b>		22 NAME: <b>MANN, JOHN B. JR.</b>	
STREET ADDRESS: <b>610 E. HIGHLAND DR.</b>		23 STREET ADDRESS: <b>138 HAWTHORNE RD.</b>	
CITY-ST-ZIP: <b>LAKELAND FL</b>		24 CITY-ST-ZIP: <b>AUBURNDALE, FL 33823</b>	
TITLE: <b>VD</b>	<input type="checkbox"/> DELETE	31 TITLE: <b>VD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>DUBOSE, HOWARD M</b>		32 NAME: <b>TIDWELL, WADE</b>	
STREET ADDRESS: <b>2130 BENFORD AVE.</b>		33 STREET ADDRESS: <b>253 HOWARD AVE. LONE PALM</b>	
CITY-ST-ZIP: <b>LAKELAND FL 33803</b>		34 CITY-ST-ZIP: <b>LAKELAND, FL 33813</b>	
TITLE: <b>V/D</b>	<input type="checkbox"/> DELETE	41 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>REICH, G.A.</b>		42 NAME:	
STREET ADDRESS: <b>1040 W. LAKE HAMILTON DR.</b>		43 STREET ADDRESS:	
CITY-ST-ZIP: <b>WINTER HAVEN FL 33881</b>		44 CITY-ST-ZIP:	
TITLE: <b>ST</b>	<input type="checkbox"/> DELETE	51 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>HAGY, WILLIAM K.</b>		52 NAME:	
STREET ADDRESS: <b>695 S. RAMONA VE.</b>		53 STREET ADDRESS:	
CITY-ST-ZIP: <b>LAKE ALFRED FL</b>		54 CITY-ST-ZIP:	
TITLE: <b>D</b>	<input type="checkbox"/> DELETE	61 TITLE: <b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>WORTMAN, JOSEPH B</b>		62 NAME: <b>GYULAVICS, JOSEPH J.</b>	
STREET ADDRESS: <b>5063 WINDOVER LANE</b>		63 STREET ADDRESS: <b>956 HERON CIRCLE SE</b>	
CITY-ST-ZIP: <b>LAKELAND FL 33813</b>		64 CITY-ST-ZIP: <b>WINTER HAVEN, FL 33884</b>	

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)(k), 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: *William K. Hagy* 1 Jan. 1996 941-956-4837  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)