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Jan 22 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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 33883695 S RAMONA AVE
P.O. BOX 2272
WINTER HAVEN FL 33883-22723. Date Incorporated or Qualified
04/16/19703a. Date of Last Report
02/05/19964. FEI Number
23-7333103Applied For
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	DUBOSE, HOWARD M	
STREET ADDRESS	2130 BENFORD AVE.	
CITY - ST - ZIP	LAKELAND FL	
TITLE	V/D	<input checked="" type="checkbox"/> DELETE
NAME	MANN, JOHN B JR	
STREET ADDRESS	138 HAWTHORNE RD	
CITY - ST - ZIP	AUBURNDALE FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	TIDWELL, WADE	
STREET ADDRESS	253 HOWARD AVE. LONE PALM	
CITY - ST - ZIP	LAKELAND FL	
TITLE	V/D	<input type="checkbox"/> DELETE
NAME	REICH, G.A.	
STREET ADDRESS	1040 W. LAKE HAMILTON DR.	
CITY - ST - ZIP	WINTER HAVEN FL 33881	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	HAGY, WILLIAM K.	
STREET ADDRESS	695 S. RAMONA VE.	
CITY - ST - ZIP	LAKE ALFRED FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GYULAVICS, JOSEPH J	
STREET ADDRESS	956 HERON CIRCLE SE	
CITY - ST - ZIP	WINTER HAVEN FL	

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	JOHN B. MANN, JR.	
1.3 STREET ADDRESS	138 HAWTHORNE RD.	
1.4 CITY - ST - ZIP	Auburndale, FL 33823	
2.1 TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	JOSEPH J. GYULAVICS	
2.3 STREET ADDRESS	956 HERON CIRCLE SE	
2.4 CITY - ST - ZIP	WINTER HAVEN, FL 33884	
3.1 TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	GREGORY BATES	
3.3 STREET ADDRESS	6308 SUNNY WAY	
3.4 CITY - ST - ZIP	LAKELAND, FL 33813	
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	WADE TIDWELL	
4.3 STREET ADDRESS	253 HOWARD AVE. LONE PALM	
4.4 CITY - ST - ZIP	LAKELAND, FL 33801	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

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 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:

Signature and typed or printed name of signing officer or director

1-6-97

941-956-4837

Date

Daytime Phone # 0054768

CR2E037 (9/96)