

FILE NOW: FILING FEE IS \$61.25

FILED  
Jan 30 1998 8:00am  
Secretary of State



NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # 718348 (6)</b> 1. Corporation Name <b>CITRUS CENTER CHAPTER RETIRED OFFICERS ASSOCIATION, INC.</b>			
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	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	
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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
12. OFFICERS AND DIRECTORS			
TITLE	VD	<input checked="" type="checkbox"/> DELETE	
NAME	BATES, GREGORY		
STREET ADDRESS	6308 SUNNY WAY		
CITY-ST-ZIP	LAKELAND FL		
TITLE	P	<input checked="" type="checkbox"/> DELETE	
NAME	MANN, JOHN B JR		
STREET ADDRESS	138 HAWTHORNE RD		
CITY-ST-ZIP	AUBURNDALE FL		
TITLE	D	<input 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	VD	<input checked="" type="checkbox"/> DELETE	
NAME	GYULAVICS, JOSEPH J		
STREET ADDRESS	956 HERON CIRCLE SE		
CITY-ST-ZIP	WINTER HAVEN FL		
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
1.2 NAME	RORY'O L. MORE		
1.3 STREET ADDRESS	205. SKYLAND DR.		
1.4 CITY-ST-ZIP	LAKELAND, FL. 33813		
2.1 TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
2.2 NAME	JOSEPH B. WORTMAN		
2.3 STREET ADDRESS	5063 WINDOVER LANE		
2.4 CITY-ST-ZIP	LAKELAND, FL. 33813		
3.1 TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
3.2 NAME	W.D. WILCOX		
3.3 STREET ADDRESS	948 HERON CT.		
3.4 CITY-ST-ZIP	WINTER HAVEN, FL 33884		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
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 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: <u>William K. Hagy</u> WILLIAM K. HAGY 16 Jan 98 941-956-4837			

CR2E037 (10/97)