

FILE NOW: FILING FEE IS \$61.25

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90207 005 ****61.25

NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 718348

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



2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 04/16/1970
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 23-7333103
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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 _____ 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	P <input type="checkbox"/> DELETE	1.1 TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RORY'O, L MORE	1.2 NAME	MORE, RORY'O L
STREET ADDRESS	205 SKYLAND DR	1.3 STREET ADDRESS	3929 OLD HWY 37, #60
CITY-ST-ZIP	LAKELAND FL 33813	1.4 CITY-ST-ZIP	LAKELAND, FL 33813
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WORTMAN, JOSEPH B	2.2 NAME	
STREET ADDRESS	5063 WINDOVER LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL 33813	2.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILCOX, W D	3.2 NAME	P WILCOX, W D
STREET ADDRESS	948 HERON CT	3.3 STREET ADDRESS	948 HERON CT
CITY-ST-ZIP	WINTER HAVEN FL 33884	3.4 CITY-ST-ZIP	WINTER HAVEN, FL 33844
TITLE	V/D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REICH, G.A.	4.2 NAME	
STREET ADDRESS	1040 W. LAKE HAMILTON DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN FL 33881	4.4 CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAGY, WILLIAM K.	5.2 NAME	
STREET ADDRESS	695 S. RAMONA VE.	5.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE ALFRED FL	5.4 CITY-ST-ZIP	
TITLE	VD <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GYULAVICS, JOSEPH J	6.2 NAME	D TIDWELL, WADE
STREET ADDRESS	956 HERON CIRCLE SE	6.3 STREET ADDRESS	253 HOWARD AVE. LONE PALM
CITY-ST-ZIP	WINTER HAVEN FL	6.4 CITY-ST-ZIP	LAKELAND, FL 33801

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, with all other like empowered.

SIGNATURE: WILLIAM K. HAGY *20 Jan 99 941-956-4837*

11/98

CR2E037 (11/98)