2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 26, 2002 8:00 am
Secretary of State
08-27-2002 90116 022 ****61.25

DOCUMENT # 718348

43080

DO NOT WRITE IN THIS SPACE

1. Entity Name

CITRUS CENTER CHAPTER RETIRED OFFICERS ASSOCIATION, 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	3. Mailing Address
5063 WINDOVER LANE	CITRUS CENTER CHAPTER
Suite, Apt. #, etc.	Suite, Apt. #, etc. P.O. BOX 6421
City & State: LAKELAND, FL	City & State: LAKELAND, FL
Zip: 33813 Country: USA	Zip: 33807-6421 Country: USA

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

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name: WORTMAN, COL JOSEPH B.
Street Address (P.O. Box Number is Not Acceptable): 5063 WINDOVER LANE
City: LAKELAND, FL Zip Code: 33813

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE: Joseph B Wortman, Secty Treas DATE: 8/22/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when reinstating)

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP - Director RORY'O, L MORE 3929 OLD HWY 37 #60 LAKELAND FL 33813	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P WORTMAN, JOSEPH B 5063 WINDOVER LANE LAKELAND FL 33813	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST WORTMAN, JOSEPH B. 5063 WINDOVER LANE LAKELAND, FL, 33813 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD GABEL, HARRY 355 BINGHAM ST EAGLE LAKE FL 33839	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V/D REICH, G.A. 1040 W. LAKE HAMILTON DR. WINTER HAVEN FL 33881	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P-Director GARY CLARK, COL 2613 TWELVE POINT DRIVE LAKELAND, FL, 33811 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST HAGY, WILLIAM K. 695 S. RAMONA VE. LAKE ALFRED FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP-Director SELVAGE, COL DONALD R. 4493 FAIRWAY OAKS DRIVE MULBERRY, FL, 33860 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TIDWELL, WADE 253 HOWARD AVE LONE PALM LAKELAND FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (9/01)

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Joseph B Wortman JOSEPH B WORTMAN 8/22/02 863-646-3566 863-644-3153
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #