

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 22, 2004 8:00 am
Secretary of State

03-22-2004 90038 021 ****61.25

DOCUMENT # 718348

1. Entity Name

CITRUS CENTER CHAPTER RETIRED OFFICERS
ASSOCIATION, INC.



Principal Place of Business

5063 WINDOVER LANE
LAKELAND FL 33813

Mailing Address

CITRUS CENTER CHAPTER
P.O. BOX 6421
LAKELAND FL 33807-6421

54020931

2. Principal Place of Business

3. Mailing Address

Citrus Center Chapter

Suite, Apt. #, etc.

Suite, Apt. #, etc.

P.O. Box 6421

City & State

City & State

Lakeland, FL

Zip

Country

Zip

33813

Country

Polke

MOORE

CR2E037 (11/03)

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

7. Name and Address of New Registered Agent

WORTMAN, COL JOSEPH B
5063 WINDOVER LANE
LAKELAND FL 33813

Name

Garner, George (George G. Garner)

Street Address (P.O. Box Number is Not Acceptable)

4222 White Oak Dr. W.

City

Lakeland, FL

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE *ST + D*
NAME *Garner, George*
STREET ADDRESS *4222 White Oak Dr. West*
CITY-ST-ZIP *Lakeland, FL 33813-2047*

TITLE *VP*
NAME *Wortman, Joseph B*
STREET ADDRESS *5063 Windover Lane*
CITY-ST-ZIP *Lakeland, FL 33813*

TITLE *PD*
NAME *CLARK, GARY COL*
STREET ADDRESS *2613 TWELVE POINT DRIVE*
CITY-ST-ZIP *LAKELAND FL 33811*

TITLE *VPD*
NAME *SELVAGE, COL DONALD R*
STREET ADDRESS *4493 FAIRWAY OAKS DRIVE*
CITY-ST-ZIP *MULBERRY FL 33860*

TITLE *D*
NAME *BODE, GEORGE*
STREET ADDRESS *500 SOUTH FLORIDA AVE., 8TH FLOOR*
CITY-ST-ZIP *LAKELAND FL 33801*

TITLE *D*
NAME *Joseph McDonough*
STREET ADDRESS *7530 Garstock*
CITY-ST-ZIP *Lakeland FL 33809*

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE *ST + D*
NAME *Garner, George*
STREET ADDRESS *4222 White Oak Dr. West*
CITY-ST-ZIP *Lakeland, FL 33813-2047*

TITLE *VP*
NAME *Wortman, Joseph B*
STREET ADDRESS *5063 Windover Lane*
CITY-ST-ZIP *Lakeland, FL 33813*

TITLE *VP D*
NAME *Ken Krause*
STREET ADDRESS *6550 Cruise Lake Hills Loop*
CITY-ST-ZIP *Lakeland FL 33813*

TITLE *D*
NAME *Ronjo more*
STREET ADDRESS *3929 Old Hwy 37 #60*
CITY-ST-ZIP *Lakeland FL 33813*

TITLE *VP D*
NAME *Bode, George*
STREET ADDRESS *500 So Fl Ave, 8th floor*
CITY-ST-ZIP *Lakeland, FL 33801*

TITLE *D*
NAME *Ron Fellner*
STREET ADDRESS *5121 St. Lucia Dr*
CITY-ST-ZIP *Lakeland FL 33813*

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: *X*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/18/04 (863) 648-5321