

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**APPROVED
AND
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95 APR 17 AM 9: 14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **736404** (5)
1. Corporation Name
TREASURE COAST CHAPTER RETIRED OFFICERS ASSOCIATION, INC.

Principal Place of Business Mailing Address
POST OFFICE BOX 1209 FT. PIERCE FL 34954 POST OFFICE BOX 1209 FT. PIERCE FL 34954

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **07/16/1976** 3a. Date of Last Report **04/05/1994**

4. FEI Number **51-0187059** Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under § 193.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address

21 Suits, Apt. #, etc. 26 Suits, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent
**HERRING, LESLIE M.
1902 BOLTON AVENUE
PORT ST. LUCIE FL 34952**

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS

TITLE	VP
NAME	GOLDEN, NORMAN H
STREET ADDRESS	1744 S.W. ST. ANDREWS DRIVE
CITY - ST - ZIP	PALM CITY FL
TITLE	D
NAME	KINNEY, CRAWFORD D
STREET ADDRESS	541 S.W. HAMPTON COURT
CITY - ST - ZIP	PORT ST. LUCIE FL
TITLE	D
NAME	MERCHAND, DWIGHT L
STREET ADDRESS	1903 MIMOSA AVE.
CITY - ST - ZIP	FT. PIERCE FL
TITLE	P
NAME	KELLEY, WILLIAM
STREET ADDRESS	2661 CALADRIUM AVE
CITY - ST - ZIP	PT. ST. LUCIE FL
TITLE	S
NAME	WHITE, DONALD J.
STREET ADDRESS	1718 N. DOVE TAIL DR.
CITY - ST - ZIP	FT. PIERCE FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME		
13 STREET ADDRESS		
14 CITY - ST - ZIP		
21 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	MATTHEWS, RONALD W.	
23 STREET ADDRESS	2545 SW BILIGHTON WAY	
24 CITY - ST - ZIP	PALM CITY, FL 34990	
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	DELETE	
33 STREET ADDRESS		
34 CITY - ST - ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	DELETE	
43 STREET ADDRESS		
44 CITY - ST - ZIP		
51 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	MURPHY, RICHARD	
53 STREET ADDRESS	14 KNOWLES ROAD	
54 CITY - ST - ZIP	STUART FL 34946	
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY - ST - ZIP	DEPOSITED BY BANK	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 liquidator 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 affidavit.

SIGNATURE: Donald J. White 4/1/95 (407) 598 1621
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Mandatory Section 2)