

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

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FT. PIERCE FL 34954

3. Date Incorporated or Qualified
07/16/1976

3a. Date of Last Report
04/17/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
51-0187059

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

\$8.75 Additional Fee Required

City & State

City & State

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

23

28

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HERRING, LESLIE M.
1902 BOLTON AVENUE
PORT ST. LUCIE FL 34952

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P DELETE
NAME GOLDEN, NORMAN H
STREET ADDRESS 1744 S.W. ST. ANDREWS DRIVE
CITY-ST-ZIP PALM CITY FL

1.1 TITLE 2nd VP Change Addition
1.2 NAME Murphy, Richard
1.3 STREET ADDRESS 14 Knowles Road
1.4 CITY-ST-ZIP Stuart, FL, 34946

TITLE D DELETE
NAME MATTHEWS, RONALD M
STREET ADDRESS 2845 S.W. BRIGHTON WAY
CITY-ST-ZIP PALM CITY FL 34990

2.1 TITLE S Change Addition
2.2 NAME Dennis Scruggs
2.3 STREET ADDRESS 946 S.W. Magnolia Bluff Dr.
2.4 CITY-ST-ZIP Palm City, FL, 34990

TITLE D DELETE
NAME KINNEY, CRAWFORD D
STREET ADDRESS 541 S.W. HAMPTON COURT
CITY-ST-ZIP PORT ST. LUCIE FL

3.1 TITLE Asst S Change Addition
3.2 NAME John Allnatt
3.3 STREET ADDRESS 9122 J. Federal Hwy, Suite 221
3.4 CITY-ST-ZIP Port St. Lucie, FL, 34952

TITLE D DELETE
NAME MURPHY, RICHARD
STREET ADDRESS 14 KNOWLES ROAD
CITY-ST-ZIP STUART FL 34946

4.1 TITLE D Change Addition
4.2 NAME Fred Bertsch
4.3 STREET ADDRESS 6041 S.E. Landing Way # 18
4.4 CITY-ST-ZIP Stuart, FL, 34997

TITLE S DELETE
NAME WHITE, DONALD J.
STREET ADDRESS 1716 N. DOVE TAIL DR.
CITY-ST-ZIP FT. PIERCE FL

5.1 TITLE D Change Addition
5.2 NAME Bill Kelley
5.3 STREET ADDRESS 2661 Caladium Ave
5.4 CITY-ST-ZIP Port St. Lucie, FL, 34952

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE T Change Addition
6.2 NAME Richard Roehrig
6.3 STREET ADDRESS 254 Bermuda Beach Dr
6.4 CITY-ST-ZIP Ft Pierce, FL, 34949-1528

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 119.07(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 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 as an attachment with an address.

SIGNATURE: Dennis Scruggs 1996 Chapter Secretary 1/30/96 407-283-5485

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E037 (12/95)