

FILE NOW: FILING FEE IS \$61.25

FILED

**Feb 12 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # 736404 (5)

1. Corporation Name
TREASURE COAST CHAPTER RETIRED OFFICERS ASSOCIATION, INC.

Principal Place of Business POST OFFICE BOX 525 PALM CITY FL 34991 US	Mailing Address POST OFFICE BOX 525 PALM CITY FL 34991 US
---	---

3. Date Incorporated or Qualified
07/16/1976

4. FEI Number
51-0187059

Applied For	
Not Applicable	

2. Principal Place of Business 21 Suite, Apt #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt #, etc. 27 City & State 28 Zip 29 Country
--	---

6. Certificate of Status Desired **\$8.75 Additional Fee Required**

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

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
 Yes No

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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	GOLDEN, NORMAN H	
STREET ADDRESS	1744 S.W. ST. ANDREWS DRIVE	
CITY-ST-ZIP	PALM CITY FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	SCRUGGS, DENNIS	
STREET ADDRESS	946 SW MAGNOLIA BLUFF DR	
CITY-ST-ZIP	PALM CITY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BERTSCH, FRED	
STREET ADDRESS	6041 SE LANDING WAY #18	
CITY-ST-ZIP	STUART FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	MURPHY, RICHARD	
STREET ADDRESS	14 KNOWLES ROAD	
CITY-ST-ZIP	STUART FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KELLEY, BILL	
STREET ADDRESS	2661 CALADIUM AVENUE	
CITY-ST-ZIP	PORT ST. LUCIE FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	ROEHRIG, RICHARD	
STREET ADDRESS	254 BERMUDA BEACH DRIVE	
CITY-ST-ZIP	FORT PIERCE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Edward Olson	
1.3 STREET ADDRESS	Beachtree # 3213, 2400 S. Ocean Dr.	
1.4 CITY-ST-ZIP	Ft. Pierce, FL, 34949-7953	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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.

SIGNATURE: *Dennis Scruggs* **2/5/98 561-783-5485**

CR2E037 (10/97)