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Mar 10, 1999 8:00 am
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03-10-1999 90079 018 ****61.25

NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 736404

1. Corporation Name

TREASURE COAST CHAPTER RETIRED OFFICERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

POST OFFICE BOX 525
 PALM CITY FL 34991
 US

POST OFFICE BOX 525
 PALM CITY FL 34991
 US



2. Principal Place of Business

2a. Mailing Address

21 Post Office Box 12645
 Suite, Apt. #, etc.

26 Post Office Box 12645
 Suite, Apt. #, etc.

3. Date Incorporated or Qualified

07/16/1976

4. FEI Number

51-0187059

Applied For
 Not Applicable

22 City & State

23 Fort Pierce FL

27 City & State

28 Fort Pierce FL

5. Certificate of Status Desired

\$8.75 Additional Fee Required

24 Zip

25 Country

34979 St Lucie

29 Zip

30 Country

34979 St Lucie

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

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 **John ALLNATT**
 82 Street Address (P.O. Box Number is Not Acceptable)
 9122 S. Fed Hwy Suite 221
 83
 84 City **Port St Lucie** FL 85 Zip Code **34952**

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 **John B. Allnatt** **JOHN B. ALLNATT**

3/2/99

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

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	OLSON, EDWARD	
STREET ADDRESS	BEACHTREE #3213, 2400 S OCEAN DR	
CITY-ST-ZIP	FT PIERCE FL 34949-7933	
TITLE	S	<input checked="" 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 checked="" 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	ROHRIG, 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	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	DONALD J. WHITE	
2.3 STREET ADDRESS	1716 N. DOVE TAIL DR.	
2.4 CITY-ST-ZIP	FT PIERCE, FL 34982	
3.1 TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	JOHN ALLNATT	
3.3 STREET ADDRESS	9122 S. Fed Hwy Suite 221	
3.4 CITY-ST-ZIP	PORT ST LUCIE, FL 34952	
4.1 TITLE	1st VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	NINA B. WHITE	
4.3 STREET ADDRESS	1716 N. DOVE TAIL DR.	
4.4 CITY-ST-ZIP	FORT PIERCE, FL 34982	
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, with all other like empowered.

SIGNATURE: **Donald J. White** **DONALD J. WHITE** 3/2/99 (561) 595-6621

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/198)