

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 03, 2003 8:00 am
Secretary of State

02-21-2003 90221 004 ***61.25

DOCUMENT # 736404

1. Entity Name

TREASURE COAST CHAPTER RETIRED OFFICERS ASSOCIATION, INC.



Principal Place of Business

5919 ALEXANDRIA CIRCLE
FORT PIERCE FL 34982-3916
US

Mailing Address

5919 ALEXANDRIA CIRCLE
FORT PIERCE FL 34982-3916
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **51-0187059**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ALLNATT, JOHN
PMB 224 10302 S FED HWY
PORT ST. LUCIE FL 34952

7. Name and Address of New Registered Agent

Name **WHITE, DONALD J.**
Street Address (P.O. Box Number is Not Acceptable)
5919 ALEXANDRIA Circle
City **FORT PIERCE** FL **34982-3916**

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

Donald J. White
DONALD J. WHITE

Feb 21, 2003

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

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
V	LARSEN, JOHN W	2950 E OCEAN BLVD	STUART FL 34998	<input type="checkbox"/>
P	WHITE, DONALD J	1716 N. DOVE TRAIL DR.	FORT PIERCE FL 34982-8015	<input type="checkbox"/>
D	ROUSE, EARL J	2506 GREY TWIG LN	FORT PIERCE FL 34981	<input type="checkbox"/>
D	ALLNATT, JOHN	PMB 224 10302 S FED HWY	PORT ST. LUCIE FL 34952	<input checked="" type="checkbox"/>
T	ROHRIG, RICHARD	254 BERMUDA BEACH DRIVE	FORT PIERCE FL	<input type="checkbox"/>
V	VAURA, DONALD	6730 SE LILLIAN COURT	STUART FL 34997	<input checked="" type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
PRESIDENT	JENKINS, William	437 SW JEFFERSON Circle	PORT ST LUCIE, FL 34986-2118	<input type="checkbox"/>	<input checked="" type="checkbox"/>
SECRETARY	WHITE, DONALD J	5919 ALEXANDRIA Circle	FORT PIERCE, FL 34982-3916	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VICE PRESIDENT				<input checked="" type="checkbox"/>	<input type="checkbox"/>
D	SIDDONS, FREDERIC A.	157 SE CALMOSA DR.	PORT ST LUCIE, FL 34983	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	WEBSTER, JULIA	4856 SE MANATEE Cove RD	STUART, FL 34997	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	PAYNE, COURTNEY	2207 NW PINE LAKE DR	STUART, FL 34994	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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 all other persons with all other persons empowered.

SIGNATURE:

William Jenkins
WILLIAM JENKINS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

18 February 2003
Date

Daytime Phone #

CR2003 (10/02)