FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 28 PM 6:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 749755 (5)

1. Corporation Name

THE FLORIDA COUNCIL OF CHAPTERS OF THE RETIRED O FFICERS ASSOCIATION INCORPORATED

Principal Place of Business	Mailing Address
3375 Zephyr Way North Jacksonville Beach, FL 32250	3375 Zephyr Way North Jacksonville Beach, FL 32250

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/13/1979
3a. Date of Last Report: 01/21/1994
4. FEI Number: 59-2222828 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

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 S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

LT. COL. F.D. TAPPIN, USAF-RET.
3375 Zephyr Way N.
Jacksonville Beach, FL 32250-3007

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: [signature] 4-22-95
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	SD	1.1 TITLE	SD ☑ Change ☐ Addition
NAME	~~CLARK, ALPHUS R.~~	1.2 NAME	JASTREMSKI, Richard
STREET ADDRESS	~~1750 JAMAICA WAY 3225~~	1.3 STREET ADDRESS	2720 Birchwood Dr. 32073
CITY-ST-ZIP	~~PUNTA GORDA FL~~	1.4 CITY-ST-ZIP	~~Jacksonville~~ Orange Park, FL
TITLE	D	2.1 TITLE	D ☑ Change ☐ Addition
NAME	~~GRENNAN, MARTIN J~~	2.2 NAME	Col. Robert T. Hayden, USA Ret.
STREET ADDRESS	~~0571 JOHN ANDERSON DR.~~	2.3 STREET ADDRESS	3715 Constancia Dr.
CITY-ST-ZIP	~~ORMOND BEACH FL 32176~~	2.4 CITY-ST-ZIP	Green Cove Springs, FL 32043
TITLE	TD	3.1 TITLE	TD ☑ Change ☐ Addition
NAME	~~GENKEL, BERNARD W.~~	3.2 NAME	LT. COL. F.D. TAPPIN, USAF-RET.
STREET ADDRESS	~~77 GABAL DR~~	3.3 STREET ADDRESS	3375 Zephyr Way N.
CITY-ST-ZIP	~~PUNTA GORDA FL~~	3.4 CITY-ST-ZIP	Jacksonville Beach, FL 32250-3007
TITLE	D	4.1 TITLE	D ☑ Change ☐ Addition
NAME	~~LUTZ, WALTER H.~~	4.2 NAME	Col. Klyne D. Nowlin USAF Ret.
STREET ADDRESS	~~7117 STRAWBERRY ST~~	4.3 STREET ADDRESS	440 Port Royal Blvd
CITY-ST-ZIP	~~ENGLEWOOD FL~~	4.4 CITY-ST-ZIP	Satellite Beach, FL 32937--3838
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	PHILLIPS, ROBERT G.	5.2 NAME	
STREET ADDRESS	230 30TH AVE S	5.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE BEACH FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	D ☑ Change ☐ Addition
NAME	~~WATTS, JOHN R.~~	6.2 NAME	Col. Peter C. Sweers Jr. USA Ret.
STREET ADDRESS	~~20200 QUESADA AVE~~	6.3 STREET ADDRESS	2599 Merganser Ct.
CITY-ST-ZIP	~~PORT CHARLOTTE FL~~	6.4 CITY-ST-ZIP	Tallahassee, FL 32312

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)(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: [signature] 4-22-95 904-346-8631
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0061211