

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **749755** (5)

1. Corporation Name

THE FLORIDA COUNCIL OF CHAPTERS OF THE RETIRED OFFICERS ASSOCIATION INCORPORATED

Principal Place of Business

2882 HYDE PARK COURT
CLEARWATER FL 34621-1805
US

Mailing Address

2882 HYDE PARK COURT
CLEARWATER FL 34621-1805
US

3. Date Incorporated or Qualified

11/13/1979

4. FEI Number

59-2222828

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

LEWIS, WILLIAM C.
2882 HYDE PARK COURT
CLEARWATER FL 34621

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

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

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS

TITLE	SD	<input type="checkbox"/> DELETE
NAME	BAXTER, EVELYN SUE	
STREET ADDRESS	5814 MARINER DRIVE	
CITY-ST-ZIP	TAMPA FL	

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BUCHERT, RONALD V.	
STREET ADDRESS	14504 THORNFIELD COURT	
CITY-ST-ZIP	TAMPA FL	

TITLE	TD	<input type="checkbox"/> DELETE
NAME	LEWIS, WILLIAM C.	
STREET ADDRESS	2882 HYDE PARK COURT	
CITY-ST-ZIP	CLEARWATER FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	NOWLIN, KLYNE D	
STREET ADDRESS	440 PORT ROYAL BLVD	
CITY-ST-ZIP	SATELLITE BEACH FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	BUERGER, ROBERT	
STREET ADDRESS	26 MINNEHAHA CIRCLE	
CITY-ST-ZIP	MAITLAND FL	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

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	

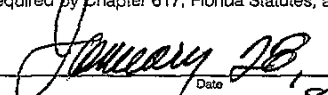
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

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 in an attachment with an address.

SIGNATURE:  **WILLIAM C. LEWIS**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

 **January 28, 1998**

Date

Daytime Phone # 813-781-1147

CR2E037 (10/97)