03011999-90138-050-$61.25-$61.25

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NONPROFIT CORPORATION ANNUAL REPORT
**1999**

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

* 272778 - 90119 - 46 *

## DOCUMENT # 749755

1. Corporation Name

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

| Principal Place of Business | Mailing Address |
|---|---|
| 2882 HYDE PARK COURT<br>CLEARWATER FL 34621-1805<br>US | 2882 HYDE PARK COURT<br>CLEARWATER FL 34621-1805<br>US |

| 2. Principal Place of Business | 2a. Mailing Address | 3. Date Incorporated or Qualified |
|---|---|---|
| 21 1502 INDEPENDENCE AVE | 28 1502 INDEPENDENCE AVE | 11/13/1979 |
| Suite, Apt. #, etc.<br>22 | Suite, Apt. #, etc.<br>27 | 4. FEI Number<br>59-2222828 ☐ Applied For ☐ Not Applicable |
| City & State<br>23 VIERA FL | City & State<br>28 VIERA, FL | 5. Certificate of Status Desired ☐ $8.75 Additional Fee Required |
| Zip / Country<br>24 32940 25 US | Zip / Country<br>29 32940 30 US | 6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees |

| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
|---|---|
| LEWIS, WILLIAM C.<br>2882 HYDE PARK COURT<br>CLEARWATER FL 34621 | 81 Name: EUGENE R. WALSH<br>82 Street Address (P.O. Box Number is Not Acceptable): 1502 INDEPENDENCE AVE<br>83<br>84 City: VIERA FL 85 Zip Code: 32940 |

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: Eugene R. Walsh Treasurer 2 Feb 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 | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE | SD | ☒ DELETE | 1.1 TITLE | PD | ☒ Change ☐ Addition |
| NAME | BAXTER, EVELYN SUE | | 1.2 NAME | KLYNE D. NOWLIN | |
| STREET ADDRESS | 5814 MARINER DRIVE | | 1.3 STREET ADDRESS | 440 PORT ROYAL BLVD | |
| CITY-ST-ZIP | TAMPA FL | | 1.4 CITY-ST-ZIP | SATTELLITE BEACH, FL 32937 | |
| TITLE | PD | ☒ DELETE | 2.1 TITLE | VD | ☐ Change ☒ Addition |
| NAME | BUCHERT, RONALD V. | | 2.2 NAME | FRED L. EDWARDS, JR. | |
| STREET ADDRESS | 14504 THORNFIELD COURT | | 2.3 STREET ADDRESS | 7979 SAILBOAT KEY BLVD SUITE 607 | |
| CITY-ST-ZIP | TAMPA FL | | 2.4 CITY-ST-ZIP | SOUTH PASADENA, FL 33707 | |
| TITLE | TD | ☒ DELETE | 3.1 TITLE | SD | ☐ Change ☒ Addition |
| NAME | LEWIS, WILLIAM C. | | 3.2 NAME | NILS (FRED) JANSON | |
| STREET ADDRESS | 2882 HYDE PARK COURT | | 3.3 STREET ADDRESS | 920 BOWLIN DRIVE | |
| CITY-ST-ZIP | CLEARWATER FL | | 3.4 CITY-ST-ZIP | VERO BEACH, FL 32963 | |
| TITLE | D | ☒ DELETE | 4.1 TITLE | TD | ☐ Change ☒ Addition |
| NAME | NOWLIN, KLYNE D | | 4.2 NAME | EUGENE R. WALSH | |
| STREET ADDRESS | 440 PORT ROYAL BLVD | | 4.3 STREET ADDRESS | 1502 INDEPENDENCE AVE | |
| CITY-ST-ZIP | SATELLITE BEACH FL | | 4.4 CITY-ST-ZIP | VIERA, FL 32940 | |
| TITLE | D | ☒ DELETE | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | BUERGER, ROBERT | | 5.2 NAME | | |
| STREET ADDRESS | 26 MINNEHAHA CIRCLE | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | MAITLAND FL | | 5.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 6.2 NAME | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 6.4 CITY-ST-ZIP | | |

CR2E037 (11/98)

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:** Eugene R. Walsh TREASURER 2 Feb 99 407-255-6585
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #