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Jan 29 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 767755 (2)

1. Corporation Name

UPPER SUNCOAST CHAPTER OF THE RETIRED OFFICERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

FRANCIS G. BENNETT  
PO BOX 854  
PORT RICHEY FL 34673-0854  
US

PO BOX 854  
PT RICHEY FL 34673-0854  
US

3. Date Incorporated or Qualified  
03/30/1983

3a. Date of Last Report  
01/26/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-2277756

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BENNETT, FRANCIS G  
4425 GULFIDE DR.  
NEW PORT RICHEY FL 34652

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 *Francis G. Bennett*

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

(NOTE: Registered Agent signature required when reinstating)

JAN 12 1997  
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	STUCKER, ROBERT W.	
STREET ADDRESS	4454 MITCHER RD.	
CITY-ST-ZIP	NEW PORT RI	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CORNELL, ROBERT	
STREET ADDRESS	8100 CASUARINA DRIVE	
CITY-ST-ZIP	PT RICHEY FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	LOONEY, EDMUND P	
STREET ADDRESS	1642 KANSIMERE DR.	
CITY-ST-ZIP	NEW PORT RICHEY FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	BENNETT, FRANCIS G	
STREET ADDRESS	4425 GULFIDE DR.	
CITY-ST-ZIP	NEW PORT RICHEY FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	AILMAN, WILLIAM G	
STREET ADDRESS	11240 ARECA DR.	
CITY-ST-ZIP	PORT RICHEY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CUNNINGHAM, MELVILLE D	
STREET ADDRESS	5024 ISLA VERDE CT	
CITY-ST-ZIP	NEW PORT RICHEY FL	

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	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	13951 TALMAGE LOOP
4.4 CITY-ST-ZIP	HUDSON FL 34667
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 checked="" type="checkbox"/> Addition
6.2 NAME	TD SCHUNK, EDWARD
6.3 STREET ADDRESS	4661 TIDWELL DR.
6.4 CITY-ST-ZIP	NEW PORT RICHEY FL 34655

14. I do 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.

SIGNATURE *Francis G. Bennett*

*Francis G. Bennett*

12 JAN 1997

812 861 3310

CR2E037 (9/96)