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Jan 30 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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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**

4. FEI Number

**59-2277756**

Applied For

Not Applicable

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

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BENNETT, FRANCIS G**  
**4425 GULFSIDE 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **TD**  
STREET ADDRESS **SCHENK, EDWARD**  
CITY-ST-ZIP **4661 TIBURON DR.**  
**NEW PORT RICHEY FL**

TITLE ☒ DELETE

NAME **D**  
STREET ADDRESS **CORNELL, ROBERT**  
CITY-ST-ZIP **8100 CASUARINA DRIVE**  
**PT RICHEY FL**

TITLE ☒ DELETE

NAME **PD**  
STREET ADDRESS **LOONEY, EDMUND P**  
CITY-ST-ZIP **1642 KAINSMERE DR.**  
**NEW PORT RICHEY FL**

TITLE ☐ DELETE

NAME **SD**  
STREET ADDRESS **BENNETT, FRANCIS G**  
CITY-ST-ZIP **13951 TALMAGE LOOP**  
**HUDSON FL**

TITLE ☐ DELETE

NAME **VD**  
STREET ADDRESS **AILMAN, WILLIAM G**  
CITY-ST-ZIP **11240 ARECA DR.**  
**PORT RICHEY FL**

TITLE ☒ DELETE

NAME **D**  
STREET ADDRESS **CUNNINGHAM, MELVILLE D**  
CITY-ST-ZIP **5024 ISLA VERDE CT**  
**NEW PORT RICHEY FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME **VP**

1.3 STREET ADDRESS **THOMPSON, RONALD**

1.4 CITY-ST-ZIP **9753 LAKESIDE LN**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME **PORT RICHEY FL 34668**

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME **D**

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME **PD**

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME **D**

6.3 STREET ADDRESS **WIGGINS, ROBERT M**

6.4 CITY-ST-ZIP **9521 GRAY FOX LN**

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.

SIGNATURE: **FRANCIS G. BENNETT**

SIGNATURE: **1-18-98**

SIGNATURE: **813 861-2310**

CR2E037 (10/97)