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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # 767755

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

[redacted]

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 VERNA WEBER	26 PO Box 854	03/30/1983
Suite, Apt. #, etc. 22 PO Box 854	Suite, Apt. #, etc. 27	4. FEI Number 59-2277756 ☐ Applied For ☐ Not Applicable
City & State 23 PORT RICHEY FL	City & State 28 PT RICHEY FL	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
Zip / Country 24 34673-0854 25 US	Zip / Country 29 34673-0854 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
BENNETT, FRANCIS G 4425 GULFSIDE DR. NEW PORT RICHEY FL 34652	81 Name: VERNA WEBER 82 Street Address (P.O. Box Number is Not Acceptable): 7700 CRAIGHURST LOOP 83: NEW PORT RICHEY 84 City: FL 85 Zip Code: 34655

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: VERNA WEBER, SECY — FEB 6, 1999
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	TD SCHENK, EDWARD 4861 TIBURON DR. NEW PORT RICHEY FL	☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	PD THOMPSON, RONALD 9753 LAKESIDE LN PT RICHEY FL 34668 — ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP THOMPSON, RONALD 9753 LAKESIDE LN PT RICHEY FL 34668	☒ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	VPD WALTER R. WEBER 7700 CRAIGHURST LOOP NEW PORT RICHEY FL 34655-4707 — ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LOONEY, EDMUND P 1642 KAINSMERE DR. NEW PORT RICHEY FL	☒ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	SCYD VERNA WEBER 7700 CRAIGHURST LOOP NEW PORT RICHEY FL 34655-4707 — ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD BENNETT, FRANCIS G 13951 TALMAGE LOOP HUDSON FL	☒ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	VPD HEINRICH W. BRACKER 3673 ROCKAWAY DR HOLIDAY FL 34691-1150 — ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD AILMAN, WILLIAM G 11240 ARECA DR. PORT RICHEY FL	☒ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	D AILMAN, WILLIAM G 11240 ARECA DR PORT RICHEY FL 34668-2208 — ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WIGGINS, ROBERT M 9521 GRAY FOX LN PORT RICHEY FL 34668	☒ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	TD 4/1/99 99AR 03-04-1999 900.700 61.25 — ☐ Change ☐ Addition

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: E. W. SCHENK, IF REQUIRED — 2/6/99 — 727-376-0982
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)