

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N08286 (9)

1. Corporation Name

SPACE COAST CHAPTER, INC. THE RETIRED OFFICERS ASSOCIATION



Principal Place of Business

Mailing Address

RETIRED OFFICERS ASSOC.
P O BOX 1493
TITUSVILLE FL 32781-1493
US

RETIRED OFFICERS ASSOC
P O BOX 1493
TITUSVILLE FL 32781-1493
US

3. Date Incorporated or Qualified
03/21/1985

3a. Date of Last Report
02/27/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2637172

Applied For

Not Applicable

22

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

23

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

24

Zip

Country

29

Zip

Country

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

**STANFIELD, DONALD G
1615 CARRIAGE DR. E.
TITUSVILLE FL 32796**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P** ☐ DELETE
NAME **TINSLEY, ROBERT**
STREET ADDRESS **651 OAKWOOD PL**
CITY-ST-ZIP **TITUSVILLE FL**

1.1 TITLE **1st VP** ☒ Change ☒ Addition
1.2 NAME **Iva Oliver**
1.3 STREET ADDRESS **125 Bellwood St. Titusville, Fl**
1.4 CITY-ST-ZIP **32780**

TITLE **2nd VP** ☐ DELETE
NAME **STEVEN, NALL**
STREET ADDRESS **4747 S WASHINGTON AVE., UNIT B-6**
CITY-ST-ZIP **TITUSVILLE FL**

2.1 TITLE **Director** ☐ Change ☒ Addition
2.2 NAME **Malcolm R. Menghini**
2.3 STREET ADDRESS **1303 Lark Ct. Titusville Fl. 32780**
2.4 CITY-ST-ZIP **32780**

TITLE **ST** ☐ DELETE
NAME **STANFIELD, DONALD**
STREET ADDRESS **1615 CARRIAGE DR., E**
CITY-ST-ZIP **TITUSVILLE FL**

3.1 TITLE **Director** ☐ Change ☒ Addition
3.2 NAME **Martin D. Klena**
3.3 STREET ADDRESS **2530 Hutchinson Pl. Titusville, Fl 32780**
3.4 CITY-ST-ZIP **32780**

TITLE **D** ☐ DELETE
NAME **KEITH, ROBERT**
STREET ADDRESS **3932 TANGLEWOOD CIR**
CITY-ST-ZIP **TITUSVILLE FL**

4.1 TITLE **Director** ☐ Change ☒ Addition
4.2 NAME **Malcolm R. Menghini**
4.3 STREET ADDRESS **1303 Lark Ct. Titusville Fl. 32780**
4.4 CITY-ST-ZIP **32780**

TITLE **D** ☒ DELETE
NAME **BROWN, ROBERT**
STREET ADDRESS **1931 MALMSEY CT**
CITY-ST-ZIP **TITUSVILLE FL**

5.1 TITLE **Director** ☐ Change ☒ Addition
5.2 NAME **Martin D. Klena**
5.3 STREET ADDRESS **2530 Hutchinson Pl. Titusville, Fl 32780**
5.4 CITY-ST-ZIP **32780**

TITLE **D** ☐ DELETE
NAME **ROWLAND, MARVIN**
STREET ADDRESS **3912 TANGLEWOOD CIR**
CITY-ST-ZIP **TITUSVILLE FL**

6.1 TITLE **Director** ☐ Change ☒ Addition
6.2 NAME **Martin D. Klena**
6.3 STREET ADDRESS **2530 Hutchinson Pl. Titusville, Fl 32780**
6.4 CITY-ST-ZIP **32780**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: DONALD G. STANFIELD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

407-267-6112

Date

Daytime Phone #

CR2E037 (12/95)