

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 17 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONSDOCUMENT # **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

**03/08/1996**

4. FEI Number

**59-2637172**

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

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City &amp; State

City &amp; State

23

28

Zip

Country

Zip

Country

24

29

30

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 **Donald G. Stanfield Sec/Trea.**

Signature: type 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 **VP** ☒ DELETENAME **OLIVER, IVA**  
STREET ADDRESS **125 BELLWOOD ST**  
CITY - ST - ZIP **TITUSVILLE FL**TITLE **VP** ☒ DELETENAME **STEVEN, NALL**  
STREET ADDRESS **4747 S WASHINGTON AVE., UNIT B-6**  
CITY - ST - ZIP **TITUSVILLE FL**TITLE **ST** ☐ DELETENAME **STANFIELD, DONALD**  
STREET ADDRESS **1615 CARRIAGE DR., E**  
CITY - ST - ZIP **TITUSVILLE FL**TITLE **D** ☐ DELETENAME **KEITH, ROBERT**  
STREET ADDRESS **3932 TANGLEWOOD CIR**  
CITY - ST - ZIP **TITUSVILLE FL**TITLE **D** ☒ DELETENAME **MENGHINI, MALCOLM**  
STREET ADDRESS **1303 LARK CT**  
CITY - ST - ZIP **TITUSVILLE FL**TITLE **D** ☐ DELETENAME **ROWLAND, MARVIN**  
STREET ADDRESS **3912 TANGLEWOOD CIR**  
CITY - ST - ZIP **TITUSVILLE FL**

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

**President****John Pompa****32780****3770 Hickory Hill Blvd Titusville FL****1VP George Schurbert****2157 Kings Cross****Titusville, FL 32796****D Robert Tinsley****651 Oakwood Place****Titusville, FL 32780**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # **0015155**

CR2E037 (9/96)