

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Jul 06, 1999 8:00 am
Secretary of State

07-06-1999 90010 035 ****61.25

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DOCUMENT # **N08286**

1. Corporation Name

**SPACE COAST CHAPTER, INC. THE RETIRED OFFICERS A
SSOCIATION**

Principal Place of Business

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

Mailing Address

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

03/21/1985

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

JUNE 30, 1999

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☒ DELETE

NAME **POMPA, JOHN**
STREET ADDRESS **3770 HICKORY HILL BLVD**
CITY-ST-ZIP **TITUSVILLE FL 32780**

TITLE **VP** ☐ DELETE

NAME **SCHURBERT, GEORGE**
STREET ADDRESS **2157 KINGS CROSS**
CITY-ST-ZIP **TITUSVILLE FL 32796**

TITLE **ST** ☐ DELETE

NAME **STANFIELD, DONALD**
STREET ADDRESS **1615 CARRIAGE DRIVE E**
CITY-ST-ZIP **TITUSVILLE FL**

TITLE **D** ☒ DELETE

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

TITLE **D** ☐ DELETE

NAME **TINSLEY, ROBERT**
STREET ADDRESS **651 OAKWOOD PLACE**
CITY-ST-ZIP **TITUSVILLE FL 32780**

TITLE **D** ☐ DELETE

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D** ☒ Change ☐ Addition

1.2 NAME **POMPA JOHN**
1.3 STREET ADDRESS **Titusville FL 32780**
1.4 CITY-ST-ZIP **3770 Hickory Hill Blvd**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME **Same**
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME **Same**
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE **P** ☒ Change ☐ Addition

4.2 NAME **Keith Robert**
4.3 STREET ADDRESS **3932 Tanglewood Cir**
4.4 CITY-ST-ZIP **Titusville FL 32780**

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME **Same**
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME **Same**
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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, was all other like empowered.

SIGNATURE:

Donald G. Stanfield

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

June 30 1999

Date

407-267-1038

Daytime Phone #

CR2E037 (5/99)