


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90236 003 ****61.25

DOCUMENT # N08286 1. Entity Name SPACE COAST CHAPTER, INC. THE RETIRED OFFICERS ASSOCIATION					
Principal Place of Business MILITARY RETIRED OFFICERS ASSOC OF AMERICA/P O BOX 1493 TITUSVILLE, FL 32781-1493 US			Mailing Address MILITARY RETIRED OFFICERS ASSOC OF AMERICA/P O BOX 1493 TITUSVILLE, FL 32781-1493 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2637172	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CHEZEM, JIM 3476 TREVAND CIRCLE TITUSVILLE, FL 32780			Name GEORGE D. JOHNSON JR Street Address (P.O. Box Number is Not Acceptable) 2618 QUAIL TRAIL Titusville City FL Zip Code 32780		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <i>George D. Johnson Jr</i> Signature, typed or printed name of registered agent and title, if applicable. GEORGE D. JOHNSON JR			(NOTE: Registered Agent signature required when reconstituting) DATE April 1, 2004		
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CAVE, AL		NAME		
STREET ADDRESS	2710 HICKORY HILL CT		STREET ADDRESS		
CITY-ST-ZIP	TITUSVILLE, FL 32780		CITY-ST-ZIP		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FILLER, BOB		NAME	BROWN, Bob	
STREET ADDRESS	4754 LONG BOW DR		STREET ADDRESS	1931 MALMSEY CT	
CITY-ST-ZIP	TITUSVILLE, FL 32796		CITY-ST-ZIP	Titusville, FL 32796	
TITLE	DS	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CHEZEM, JIM		NAME	JOHNSON, JR. GEORGE D.	
STREET ADDRESS	3476 TRAVINO CIRCLE		STREET ADDRESS	2618 QUAIL TRAIL	
CITY-ST-ZIP	TITUSVILLE, FL 32780		CITY-ST-ZIP	Titusville, FL 32780	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STONE, MIKE		NAME		
STREET ADDRESS	1629 VALLEY FORGE DR		STREET ADDRESS		
CITY-ST-ZIP	TITUSVILLE, FL 32796		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HAVEN, MO		NAME	POMPA, JOHN	
STREET ADDRESS	3600 MUIRFIELD DRIVE		STREET ADDRESS	3770 HICKORY HILL BLVD.	
CITY-ST-ZIP	TITUSVILLE, FL 32780		CITY-ST-ZIP	Titusville, FL 32780	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	FILLER, Bob	
STREET ADDRESS			STREET ADDRESS	4754 Long Bow Dr	
CITY-ST-ZIP			CITY-ST-ZIP	Titusville, FL 32796	
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>George D. Johnson Jr</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR GEORGE D. JOHNSON JR			Date 1 April 2004 Daytime Phone # 321-383-8050		