

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 21, 2003 8:00 am
Secretary of State

08-21-2003 90106 034 ****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**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

IGOE, LORRAINE
3768 SAWGRASS DR
TITUSVILLE FL 32780

Name **CHEZEN, JIM**

Street Address (P.O. Box Number is Not Acceptable)
3476 Trevino Circle

City **Titusville, 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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 **D** ☐ Delete
NAME **POMPA, JOHN**
STREET ADDRESS **3932 TANGLEWOOD CIRCLE**
CITY-ST-ZIP **TITUSVILLE FL 32780**

TITLE **T AL CAVE TREASURER** ☒ Change ☐ Addition
NAME **2710 HICKORY HILL CT**
STREET ADDRESS **TITUSVILLE, FL 32780**
CITY-ST-ZIP

TITLE **P** ☒ Delete
NAME **JOHNSON, GEORGE**
STREET ADDRESS **2618 QUAIL TRAIL**
CITY-ST-ZIP **TITUSVILLE FL 32780**

TITLE **P. BOB FILLER PRESIDENT** ☒ Change ☐ Addition
NAME **4754 LONG BOW DR**
STREET ADDRESS **TITUSVILLE, FL 32796**
CITY-ST-ZIP

TITLE **S** ☒ Delete
NAME **IGOE, LORRAINE**
STREET ADDRESS **3768 SAWGRASS DR**
CITY-ST-ZIP **TITUSVILLE FL 32780**

TITLE **DR S. JIM CHEZEN** ☒ Change ☐ Addition
NAME **3476 Trevino Circle**
STREET ADDRESS **TITUSVILLE, FL 32780**
CITY-ST-ZIP **SECRETARY**

TITLE **D** ☐ Delete
NAME **BROWN, BOB**
STREET ADDRESS **1931 MALMSEY CT**
CITY-ST-ZIP **TITUSVILLE FL 32796**

TITLE **D DIRECTOR** ☒ Change ☐ Addition
NAME **MIKE STONE**
STREET ADDRESS **1629 VALLEY FORGE DR**
CITY-ST-ZIP **TITUSVILLE, FL 32796**

TITLE **T** ☒ Delete
NAME **HAVEN, MO**
STREET ADDRESS **3600 MUIRFIELD DRIVE**
CITY-ST-ZIP **TITUSVILLE FL 32780**

TITLE **D** ☒ Change ☐ Addition
NAME **MO HAVEN**
STREET ADDRESS **3600 MUIRFIELD DRIVE**
CITY-ST-ZIP **TITUSVILLE, FL 32780**

TITLE **D** ☒ Delete
NAME **KEITH, ROB**
STREET ADDRESS **3932 TANGLEWOOD CIRCLE**
CITY-ST-ZIP **TITUSVILLE FL 32780**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE REQUIRED

Jim Chezen

Aug 15, 2003

CR2E037 (4/03)