

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N09319 (7)

1. Corporation Name

SOUTH CENTRAL FLORIDA CHAPTER TROA, INC.

Principal Place of Business

P.O. BOX 245
SEBRING FL 33871-7245

Mailing Address

P.O. BOX 245
SEBRING FL 33871-7245



3. Date Incorporated or Qualified

05/16/1985

3a. Date of Last Report

03/06/1995

4. FEI Number

59-2456105

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 & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**YOUNG, WILBUR
106 LOQUAT RD NW
LAKE PLACID FL 33852**

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	PENLEY, V. RAY	
STREET ADDRESS	8750 US 27 N, UNIT P-8	
CITY-ST-ZIP	SEBRING FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	POWERS, GEORGE W	
STREET ADDRESS	312 LAKESHORE DRIVE	
CITY-ST-ZIP	LORIDA FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	FILLER, CHARLES, L	
STREET ADDRESS	9105 LAKE LYNN DR	
CITY-ST-ZIP	SEBRING FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	PARNELL, LEONARD	
STREET ADDRESS	1616 NW LAKEVIEW DR	
CITY-ST-ZIP	SEBRING FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	LATIMER, CLEM	
STREET ADDRESS	1 PINEY POINT DR	
CITY-ST-ZIP	LAKE PLAC FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Oliver J. Stephens	
1.3 STREET ADDRESS	720 Lake Blue Dr.	
1.4 CITY-ST-ZIP	Lake Placid, FL 32826	
2.1 TITLE	VP/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Leonard Parnell	
2.3 STREET ADDRESS	1616 NW Lakeview Dr.	
2.4 CITY-ST-ZIP	Sebring, FL 33870	
3.1 TITLE	T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Alexander Malcomson	
3.3 STREET ADDRESS	6750 US 27 N I-26	
3.4 CITY-ST-ZIP	Sebring, FL 33870	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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:

Charles L. Filler
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8 March '96 (941) 655-1415

Date

Daytime Phone #

CP2E037 (12/95)