

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 09 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

Mailing Address

P.O. BOX 245
SEBRING FL 33871-7245

P.O. BOX 245
SEBRING FL 33871-0245



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 Wilbur E. Young

March 31, 1997

Signature, typed 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 **PD** ☒ DELETE
NAME **STEPHENS, OLIVER T.**
STREET ADDRESS **720 LAKE BLUE DR**
CITY-ST-ZIP **LAKE PLACID FL**

1.1 TITLE **PD** ☒ Change ☐ Addition
1.2 NAME **Whitton, Roy P.**
1.3 STREET ADDRESS **101 Temptation Court**
1.4 CITY-ST-ZIP **Lake Placid, FL 33852**

TITLE **VPD** ☐ DELETE
NAME **PARNELL, LEONARD**
STREET ADDRESS **1816 NW LAKEVIEW DR**
CITY-ST-ZIP **SEBRING FL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **TD** ☐ DELETE
NAME **MALCOMSON, ALEXANDER**
STREET ADDRESS **6750 US 27 N, I-26**
CITY-ST-ZIP **SEBRING FL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE **SD** ☐ Change ☒ Addition
4.2 NAME **Young, Wilbur E.**
4.3 STREET ADDRESS **106 Loquat Rd NW**
4.4 CITY-ST-ZIP **Lake Placid, FL 33852**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE **VPD** ☐ Change ☒ Addition
5.2 NAME **Stephenson, Graves B.**
5.3 STREET ADDRESS **2501 Fairmont Drive**
5.4 CITY-ST-ZIP **Sebring, FL 33870**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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.

CR2E037 (9/96)