

FILE NOW: FILING FEE IS \$61.25

FILED  
Feb 05 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N09319** (7)  
1. Corporation Name  
**SOUTH CENTRAL FLORIDA CHAPTER TROA, INC.**



Principal Place of Business <b>P.O. BOX 245 SEBRING FL 33871-7245</b>	Mailing Address <b>P.O. BOX 245 SEBRING FL 33871-7245</b>
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3. Date Incorporated or Qualified <b>05/16/1985</b>
4. FEI Number <b>59-2456105</b>
Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b> Country	2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>29</b> Country
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5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent <b>YOUNG, WILBUR 106 LOQUAT RD NW LAKE PLACID FL 33852</b>
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10. Name and Address of New Registered Agent <b>81</b> Name <b>82</b> Street Address (P.O. Box Number is Not Acceptable) <b>83</b> <b>84</b> City <b>FL</b> <b>85</b> Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE <b>PD</b>	<input type="checkbox"/> DELETE
NAME <b>WHITTON, ROY P.</b>	
STREET ADDRESS <b>101 TEMPTATION CT</b>	
CITY-ST-ZIP <b>LAKE PLACID FL</b>	
TITLE <b>VPD</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>PARNELL, LEONARD</b>	
STREET ADDRESS <b>1818 NW LAKEVIEW DR</b>	
CITY-ST-ZIP <b>SEBRING FL</b>	
TITLE <b>TD</b>	<input type="checkbox"/> DELETE
NAME <b>MALCOMSON, ALEXANDER JR</b>	
STREET ADDRESS <b>6750 US 27 N, I-26</b>	
CITY-ST-ZIP <b>SEBRING FL</b>	
TITLE <b>SD</b>	<input type="checkbox"/> DELETE
NAME <b>YOUNG, WILBUR E.</b>	
STREET ADDRESS <b>106 LOQUAT RD NW</b>	
CITY-ST-ZIP <b>LAKE PLACID FL</b>	
TITLE <b>VPD</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>STEPHENSON, GRAVES B.</b>	
STREET ADDRESS <b>2501 FAIRMONT DR.</b>	
CITY-ST-ZIP <b>SEBRING FL</b>	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME <b>VPD Merrell, Jerry E.</b>	
2.3 STREET ADDRESS <b>6645 N.E. Masters Ave</b>	
2.4 CITY-ST-ZIP <b>Arcadia FL 34266</b>	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME <b>VPD Parker, William J.</b>	
5.3 STREET ADDRESS <b>111 N Commerce Ave</b>	
5.4 CITY-ST-ZIP <b>Sebring FL 33870-3202</b>	
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 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.

SIGNATURE \_\_\_\_\_

CR2E037 (1097)