

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

FILED
Feb 20, 2003 8:00 am
Secretary of State

02-20-2003 90140 045 ****61.25

DOCUMENT # N09319

1. Entity 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

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 **59-2456105**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

WHITTON, ROY P
101 TEMPTATION COURT
LAKE PLACID FL 33852

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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

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 **PD** ☐ Delete
NAME **WHITTON, ROY P.**
STREET ADDRESS **101 TEMPTATION CT**
CITY-ST-ZIP **LAKE PLACID FL**

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

TITLE **VPD** ☐ Delete
NAME **AHWATER, ED**
STREET ADDRESS **1400 SUNFLOWER CIRCLE**
CITY-ST-ZIP **SEBRING FL 33872**

TITLE ☒ Change ☐ Addition
NAME **AHWATER, ED**
STREET ADDRESS
CITY-ST-ZIP

TITLE **TD** ☒ Delete
NAME **BROWN, SHEPARD R**
STREET ADDRESS **14119 SUN 'N LAKE BLVD. #132**
CITY-ST-ZIP **SEBRING FL 33872-0375**

TITLE **VPD** ☐ Change ☒ Addition
NAME **PETER INTASOULIN**
STREET ADDRESS **101 NW. COMANCHE ST**
CITY-ST-ZIP **LAKE PLACID, FL 33852**

TITLE **SD** ☐ Delete
NAME **RICHARD, MCLADDOHLIN**
STREET ADDRESS **34 CHOCTAW**
CITY-ST-ZIP **LAKE PLACID FL 33852**

TITLE **TD** ☒ Change ☐ Addition
NAME **MCLAUGHLIN, RICHARD**
STREET ADDRESS
CITY-ST-ZIP

TITLE **VPD** ☒ Delete
NAME **FORTNEY, SAM**
STREET ADDRESS **4343 SCHUMACHER RD**
CITY-ST-ZIP **SEBRING FL 33872**

TITLE **SD** ☐ Change ☒ Addition
NAME **CHRISTMAN, JANE**
STREET ADDRESS **223 HILLCREST DR.**
CITY-ST-ZIP **AVON PARK, FL 33825**

TITLE **TR** ☐ Delete
NAME **GRANT, SIMMONS**
STREET ADDRESS **813 9 AVENUE**
CITY-ST-ZIP **SEBRING FL 33875**

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:

Grant Simmons 1-29-03
863-471-9451
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)