FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAR -2 PM 1:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N12515 (5)

1. Corporation Name

THE MAYPORT CHAPTER (TROA), INC.

Principal Place of Business	Mailing Address
PO BOX 330791 ATLANTIC BCH FL 32233-0791 US	PO BOX 330791 ATLANTIC BCH FL 32233-0791 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/13/1985
3a. Date of Last Report: 02/16/1994
4. FEI Number: 59-2132891 — 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business (21) / 2a. Mailing Address (26)
Suite, Apt. #, etc. (22) / Suite, Apt. #, etc. (27)
City & State (23) / City & State (28)
Zip (24) Country (25) / Zip (29) Country (30)

9. Name and Address of Current Registered Agent

SCHLEUNING, HENRY H
4214 FLEET LANDING BLVD
ATLANTIC BCH FL 32233

10. Name and Address of New Registered Agent

81 Name: BAKER, HENRY A
82 Street Address (P.O. Box Number is Not Acceptable): 5505 RIGEL CT
83:
84 City: ATLANTIC BEACH FL 85 Zip Code: 32233-4561

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Henry A. Baker — February 22 1995
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	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	HUMES, JAMES J.	1.2 NAME	LANE, GLYNN Q	
STREET ADDRESS	5 SPYGLSS LANE	1.3 STREET ADDRESS	1205 TRAILWOOD DR	
CITY-ST-ZIP	PONTE VEDRA BEACH FL	1.4 CITY-ST-ZIP	NEPTUNE BEACH. FL	
TITLE	VD	2.1 TITLE	VD	☒ Change ☐ Addition
NAME	COY, JOHN H	2.2 NAME	RUSNOCK, MICHAEL A	
STREET ADDRESS	PO BOX 330616 NA	2.3 STREET ADDRESS	821 TOURNAMENT RD	
CITY-ST-ZIP	ATLANTIC BCH FL	2.4 CITY-ST-ZIP	PONTE VEDRA BEACH FL	
TITLE	D	3.1 TITLE	D	☒ Change ☐ Addition
NAME	PHILLIPS, ROBERT G.	3.2 NAME	HUMES, JAMES J	
STREET ADDRESS	230 30TH AVE S.	3.3 STREET ADDRESS	5 SPYGLASS LN	
CITY-ST-ZIP	JACKSONVILLE BCH FL	3.4 CITY-ST-ZIP	PONTE VEDRA BEACH FL	
TITLE	TD	4.1 TITLE	TD	☒ Change ☐ Addition
NAME	SCHLEUNING, HENRY H	4.2 NAME	BAKER, HENRY A	
STREET ADDRESS	4214 FLEET LANDING BLVD	4.3 STREET ADDRESS	5505 RIGEL CT	
CITY-ST-ZIP	ATLANTIC BCH FL	4.4 CITY-ST-ZIP	ATLANTIC BEACH FL	
TITLE	SD	5.1 TITLE	SD	☒ Change ☐ Addition
NAME	KIRSCH, FRANCIS J.	5.2 NAME	HUSTON, RICHARD M	
STREET ADDRESS	2354 OAK FOREST DRIVE	5.3 STREET ADDRESS	11248 CABOOSE CT	
CITY-ST-ZIP	JACKSONVILLE BCH FL	5.4 CITY-ST-ZIP	JACKSONVILLE, FL	
TITLE	VPD	6.1 TITLE	VPD	☒ Change ☐ Addition
NAME	LANE, GLYNN A. J	6.2 NAME	DOUGHERTY, CLARK E	
STREET ADDRESS	1205 TRAILWOOD DRIVE	6.3 STREET ADDRESS	1111 AZALEA POINT DR N	
CITY-ST-ZIP	NEPTUNE BEACH FL	6.4 CITY-ST-ZIP	PONTE VEDRA BEACH, FL	

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)(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: Glynn Q. Lane — 2/20/95 (904) 246-3153
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0026070