FILE NOW: FILING FEE IS $61.25

FILED
Jan 20 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

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

3. Date Incorporated or Qualified: 12/13/1985

4. FEI Number: 59-2132891 ☐ Applied For ☐ Not Applicable

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

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BAKER, HENRY A
5505 RIGEL CT
ATLANTIC BEACH FL 32233-4581

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	HUMES, JAMES J.		1.2 NAME		
STREET ADDRESS	5 SPYGLASS LN		1.3 STREET ADDRESS		
CITY-ST-ZIP	PONTE VEDRA BEACH FL		1.4 CITY-ST-ZIP		
TITLE	VPD	☒ DELETE	2.1 TITLE	VPD	☐ Change ☒ Addition
NAME	AVERILL, ROBERT C		2.2 NAME	SIGLER, EDWARD	
STREET ADDRESS	327 SHERRY DR		2.3 STREET ADDRESS	4527 MIDDLETON PARK CIR	
CITY-ST-ZIP	ATLANTIC BEACH FL		2.4 CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	TD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	BAKER, HENRY A.		3.2 NAME		
STREET ADDRESS	5505 RIGEL CT		3.3 STREET ADDRESS		
CITY-ST-ZIP	ATLANTIC BEACH FL		3.4 CITY-ST-ZIP		
TITLE	SD	☒ DELETE	4.1 TITLE	SD	☐ Change ☒ Addition
NAME	HUSTON, RICHARD M		4.2 NAME	PHILLIPS, ROBERT	
STREET ADDRESS	11248 CABOOSE CT		4.3 STREET ADDRESS	230 30th AVE S.	
CITY-ST-ZIP	JACKSONVILLE FL		4.4 CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	VPD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	MCCARTHY, CAMPBELL		5.2 NAME		
STREET ADDRESS	P.O. BOX 5356		5.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		5.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	DOUGHERTY, CLARK E		6.2 NAME		
STREET ADDRESS	13826 VILLAGE CT		6.3 STREET ADDRESS		
CITY-ST-ZIP	AMELIA ISLAND FL		6.4 CITY-ST-ZIP		

CR2E037 (10/97)

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: Henry A. Baker ESQUIRE HENRY A. BAKER 1/16/98 904 270 0335
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0005091