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CORPORATION
ANNUAL REPORT
1995

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 PM 12:26

DOCUMENT # N15614 (3)

1. Corporation Name

FLAGLER COUNTY CHAPTER, THE RETIRED OFFICERS ASS OCIATION, INC.

Principal Place of Business	Mailing Address
92 FOSTER LANE PO BOX 352495 PALM COAST FL 32137 US	92 FOSTER LANE PO BOX 352495 PALM COAST FL 32137 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/26/1986
3a. Date of Last Report: 04/15/1994
4. FEI Number: 59-2680228 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 17 PAWTUXENT LANE	26 17 PAWTUXENT LANE
Suite, Apt. #, etc. 22 P.O BOX 352495	Suite, Apt. #, etc. 27 P.O. BOX 352495
City & State 23 PALM COAST, FL	City & State 28 PALM COAST, FL
Zip / Country 24 32164 / 25 U.S	Zip / Country 29 32164 / 30 U.S.

5. Certificate of Status Desired ☐ — $9.75 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

9. Name and Address of Current Registered Agent

AUSTIN, LAWRENCE R.
92 FOSTER LANE
PALM COAST FL 32137

10. Name and Address of New Registered Agent

01 Name: NEAL R. McCOPPIN
02 Street Address (P.O. Box Number is Not Acceptable)
03: 17 PAWTUXENT LANE
04 City: PALM COAST FL 05 Zip Code: 32164

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: Neal R. McCoppin — NEAL R. McCOPPIN — 5/30/95
(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	11 TITLE	PD	☒ Change ☐ Addition
NAME	AUSTIN, LAWRENCE R.	12 NAME	NEAL R. McCOPPIN	
STREET ADDRESS	92 FOSTER LANE	13 STREET ADDRESS	17 PAWTUXENT LANE	
CITY-ST-ZIP	PALM COAST FL	14 CITY-ST-ZIP	PALM COAST, FL 32164	
TITLE	VD	21 TITLE	VD	☒ Change ☐ Addition
NAME	MCCOPPIN, NEIL	22 NAME	CHARLES G. MILLER	
STREET ADDRESS	17 PATURENT LANE	23 STREET ADDRESS	7 CROSSBOW CT.	
CITY-ST-ZIP	PALM COAST FL	24 CITY-ST-ZIP	PALM COAST, FL 32137	
TITLE	VD	31 TITLE		☐ Change ☐ Addition
NAME	SHUSTA, CHESTER J.	32 NAME		
STREET ADDRESS	69 BROCKTON LN	33 STREET ADDRESS		
CITY-ST-ZIP	PALM CST FL	34 CITY-ST-ZIP		
TITLE	SD	41 TITLE		☐ Change ☐ Addition
NAME	HOSKINS, DONALD M	42 NAME		
STREET ADDRESS	2 LANTARACE DR	43 STREET ADDRESS		
CITY-ST-ZIP	PALM CST FL	44 CITY-ST-ZIP		
TITLE	DT	51 TITLE	REMITTED BY MAY 1	☐ Change ☐ Addition
NAME	CRUZ, JOSE L	52 NAME		
STREET ADDRESS	22 LUDLOW LANE	53 STREET ADDRESS		
CITY-ST-ZIP	PALM CST FL	54 CITY-ST-ZIP		
TITLE	D	61 TITLE		☐ Change ☐ Addition
NAME	MARSHALL, GERALD R.	62 NAME		
STREET ADDRESS	12 COCONUT CT.	63 STREET ADDRESS		
CITY-ST-ZIP	PALM CST FL	64 CITY-ST-ZIP		

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: Jose L Cruz — JOSE L. CRUZ TREASURER — APRIL 25/95 — (904) 445-7197
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) (Date) (Telephone Number)

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