FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **N15614** **(3)**

1. Corporation Name

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

Principal Place of Business	Mailing Address
17 PAWTUXENT LANE P O BOX 352495 PALM COAST FL 32164 US	17 PAWTUXENT LANE P O BOX 352495 PALM COAST FL 32164 US

3. Date Incorporated or Qualified: 06/26/1986
3a. Date of Last Report: 05/01/1995

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

4. FEI Number: 59-2680228 ☐ 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

MCCORPIN, NEAL R
17 PAWTUXENT LANE
PALM COAST FL 32164

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	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	MCOPPIN, NEAL R		1.2 NAME		
STREET ADDRESS	17 PAWTUXENT LANE		1.3 STREET ADDRESS		
CITY-ST-ZIP	PALM COAST FL		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	MILLER, CAHRLES G		2.2 NAME		
STREET ADDRESS	7 CROSSBOW CT		2.3 STREET ADDRESS		
CITY-ST-ZIP	PALM COAST FL		2.4 CITY-ST-ZIP		
TITLE	VD	☒ DELETE	3.1 TITLE	VD	☒ Change ☐ Addition
NAME	SHUSTA, CHESTER J.		3.2 NAME	PEEVERS, ARTHUR	
STREET ADDRESS	69 BROCKTON LN		3.3 STREET ADDRESS	3850 S. Oceanshore Blvd.	
CITY-ST-ZIP	PALM CST FL		3.4 CITY-ST-ZIP	Flagler Beach, FL 32136	
TITLE	SD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	HOSKINS, DONALD M		4.2 NAME		
STREET ADDRESS	2 LANTARACE DR		4.3 STREET ADDRESS		
CITY-ST-ZIP	PALM CST FL		4.4 CITY-ST-ZIP		
TITLE	DT	☒ DELETE	5.1 TITLE	TD	☒ Change ☐ Addition
NAME	CRUZ, JOSE L		5.2 NAME	BEY, ROBERT T.	
STREET ADDRESS	22 LUDLOW LANE		5.3 STREET ADDRESS	2 CLEVELAND COURT	
CITY-ST-ZIP	PALM CST FL		5.4 CITY-ST-ZIP	Palm Coast, FL 32135	
TITLE	D	☒ DELETE	6.1 TITLE	D	☒ Change ☐ Addition
NAME	MARSHALL, GERALD R.		6.2 NAME	ODDI, VINCENT	
STREET ADDRESS	12 COCONUT CT.		6.3 STREET ADDRESS	31 Ft Caroline Lane	
CITY-ST-ZIP	PALM CST FL		6.4 CITY-ST-ZIP	Palm Coast, FL 32137	

CR2E037 (12/95)

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: Neal R McCoppin 4/22/96 (904) 437-7540
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Neal R. McCoppin