**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997**
**AMOUNT DUE ON OR BEFORE 9/17/97: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).**

# FILED
# Aug 18 1997 8:00am
# Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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<br>P O BOX 352495<br>PALM COAST FL 32164<br>US | 17 PAWTUXENT LANE<br>P O BOX 352495<br>PALM COAST FL 32164<br>US |

DO NOT WRITE IN THIS SPACE

| | |
|---|---|
| 3. Date Incorporated or Qualified: 06/26/1986 | 3a. Date of Last Report: 04/26/1996 |
| 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No | |

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 | 26 |
| 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: 24 32135-2495 Country: 25 USA | Zip: 29 32135-2495 Country: 30 USA |

**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 | PD | ☒ Change ☐ Addition |
| NAME | MCOPPIN, NEAL R | | 1.2 NAME | Knehans, William | |
| STREET ADDRESS | 17 PAWTUXENT LANE | | 1.3 STREET ADDRESS | 34 Treetop Circle | |
| CITY-ST-ZIP | PALM COAST FL | | 1.4 CITY-ST-ZIP | Ormond Beach, FL 32174 | |
| TITLE | VD | ☒ DELETE | 2.1 TITLE | VD | ☒ Change ☐ Addition |
| NAME | MILLER, CAHRLES G | | 2.2 NAME | Pitman, Jack | |
| STREET ADDRESS | 7 CROSSBOW CT | | 2.3 STREET ADDRESS | 15 Wendy Lane | |
| CITY-ST-ZIP | PALM COAST FL | | 2. 4 CITY-ST-ZIP | Palm Coast, FL 32164 | |
| TITLE | VD | ☒ DELETE | 3.1 TITLE | VD | ☒ Change ☐ Addition |
| NAME | SHUSTA, CHESTER J. | | 3.2 NAME | Breitenberg, Harry J. | |
| STREET ADDRESS | 69 BROCKTON LN | | 3.3 STREET ADDRESS | 107 Farragut Drive | |
| CITY-ST-ZIP | PALM CST FL | | 3.4. CITY-ST-ZIP | Palm Coast, FL 32137 | |
| 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 Ct. Box 352775 | |
| CITY-ST-ZIP | PALM CST FL | | 5.4 CITY-ST-ZIP | ~~Palm Coast, FL 32135-2495~~ | |
| TITLE | D | ☒ DELETE | 6.1 TITLE | D | ☒ Change ☐ Addition |
| NAME | MARSHALL, GERALD R. | | 6.2 NAME | Cruz, Jose L. | |
| STREET ADDRESS | 12 COCONUT CT. | | 6.3 STREET ADDRESS | 22 Ludlow Lane | |
| CITY-ST-ZIP | PALM CST FL | | 6.4 CITY-ST-ZIP | Palm Coast, FL 32137 | |

CR2E037 (4/97)

14. I do 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: [illegible] DATE: 4/15/97