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May 11 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N15614** (3)

1. Corporation Name

FLAGLER COUNTY CHAPTER, THE RETIRED OFFICERS ASSOCIATION, 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**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

06/26/1986

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**

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

10. Name and Address of New Registered Agent

**MCCORPIN, NEAL R
17 PAWTUXENT LANE
PALM COAST FL 32164**

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

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 ☐ DELETE

**PD
NAME KNEHANS, WILLIAM
STREET ADDRESS 34 TREETOP CIR
CITY-ST-ZIP ORMOND BEACH FL**

1.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

**VD
NAME PITMAN, JACK
STREET ADDRESS 15 WENDY LANE
CITY-ST-ZIP PALM COAST FL**

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

**VD
NAME BREITENBERG, HARRY J
STREET ADDRESS 107 FARRAGUT DR
CITY-ST-ZIP PALM CST FL**

3.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

**SD
NAME HOSKINS, DONALD M
STREET ADDRESS 2 LANTARACE DR
CITY-ST-ZIP PALM CST FL**

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

**DT
NAME CRUZ, JOSE L
STREET ADDRESS 22 LUDLOW LANE
CITY-ST-ZIP PALM CST FL**

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

**TD
NAME BEY, ROBERT T
STREET ADDRESS 2 CLEVELAND CT. BOX 352775
CITY-ST-ZIP PALM CST FL**

6.1 TITLE ☐ Change ☐ Addition

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:

[Signature] 27 April 1998 (914) 445-1025

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0123456

CR2E037 (1097)