2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N15614

1. Entity Name

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

Signature, typed or printed name of registered agent and title if applicable



FILED Feb 07, 2003 8:00 am Secretary of State

1. Entity Name FLAGLER COUNTY OCIATION, INC.	CHAPTER, THE F	RETIRED OFFICERS ASS		02-07-2003 9005	7 041 ****61.25	
Principal Place of Busines	s	Mailing Address				
300 N 11TH ST P O BOX 352495 PALM COAST FL 32164 US		308 N 11TH ST P O BOX 352495 PALM COAST FL 32164 US				
2. Principal Place of Busi	ness	3. Mailing Address		``````\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	<u>: </u>	
P. O. Box 352495		P. O. Box 352495		_		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKIN	IG CHANGES	
City & State		City & State		4. FEI Number 59-2680228 Applied For		
•		Palm Coast, FL		00 2000220	Not Applicable	
Palm Coast, F	Country		ountry	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
32135-2495				-7.∞Name and Address of New Registered	f-Agent	
MCCORPIN, NEAL R (Note correct spelling) 308 N 11TH ST FLAGLER BEACH FL 32136			Name McCoppin, Street Address Pattuxe City	Neal R. (P.O. Box Number is Not Acceptable) ent Lane	L Zip Code 32164	
8. The above named ent the obligations of regis	ity submits this statement stered agent.	for the purpose of changing its registe	Palm Coasered office or registe	red agent, or both, in the State of Florida. I ar	n familiar with, and accept	
	d interd of registered par	on and title if applicable (NOTE: Begiste	ered Agent signature require	d when reinstating) DATE		

FILE NOW: FEE IS \$61.25		9. Election Campaign Financing Trust Fund Contribution.		Added to Fees Florida		Check Payable to lepartment of State	
10.	OFFICERS AND DIRECTORS	3	11.	ADDITIONS/CHANGE	S TO OFFICERS AND D		
TITLE NAME STREET ADDRESS	-PD - BREITENBERG, HARRY J 	⊠ Delete	TITLE NAME STREET ADDRESS	PD Beauchamp, Thom 51 St. Andrews	Court	K Change	☐ Addition
TITLE NAME STREET ADDRESS	+ PALM COAST FL 32137 - AVD. - BEAUCHAMP, THOMAS- - 51 ST-ANDREWS CT	□ Delete	CITY-ST-ZIP TITLE NAME STREET ADDRESS	Palm Coast, FL VD Pollard, Richar 15Conway Ct.	32137-1440 d	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PALM COAST FL 32137- VD JONES, BILLY 3 ERIE PL PALM COAST FL 32164	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Falm Coast, FL	32137	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HOSKINS, DONALD M 2 LANTARACE DR PALM CST FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT CRUZ, JOSE L 22 LUDLOW LANE PALM CST FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BEY, ROBERT T 2 CLEVELAND CT. BOX 352775 PALM CST FI	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 at trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if of the corporation or the receiver of trustee empowered changed, or on an attachment with an address, with all

SIGNATURE: