FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

(8)

RETIRED OFFICERS' CORPORATION

THE THE STATE OF T				
Principal Place of Business	Mailing Address		-i naminismi mur niana immin mista nimbi m	IAN ANGIN HINNI DINNI MININ ALAN MININ MININ INAN
1010 AMERICAN EAGLE BLVD BOX 352 4TH FLOOR SUN CITY CENTER FL 33573 1010 AMERICAN EAGLER BLVD BOX 352 4TH FLOOR SUN CITY CENTER FL 33573-5284				
U\$	US		3. Date Incorporated or Qualified 07/27/1988	3a. Date of Last Report 01/31/1996
Principal Place of Business 21	2a. Mailing Address 26		4. FEI Number 59-2910014	Applied For Not Applicable
Suite, Apt #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country	Zip	Country	8. This corporation has liability for i	
24 25 25 S. Name and Address of Current	[29] [30	0		Yes No
g. Name and Address of Current	Heðisteten Våeut	81 Name	10. Name and Address of New Re	_
GREZAFFI, JOSEPH		CH.	ARLES M. EAST, J	
1010 AMERICAN EAGLE BLVD.,		82 Street Addre	ess (P.O. Box Number is Not Acceptable AMERICAN)	WD. # 239
SUITE 227		83		
SUN CITY CENTER FL 33573		84 City		let Zin Code
		SUN	CITY CANTER	FL 85 35573
 Pursuant to the provisions of Sections 617.0502 office or registered agent, or both, in the State of agent. I am fantiliar with, and accept the obligate 	and 617.1508, Florida Statutes,	the above-named corporation	oration submits this statement for the p	urpose of changing its registered
agent. I am fantiliar with, and accept the obligat	ione of Section 617.0503, Florid	da Statutes.	or a board or directors. Thereby decop	a 4 -
SIGNATURE (GAMES M)	5 as typ		yan 24,	1997
Signature, typed or printed name of registered agent 12. OFFICERS AND		Registered Agent signature require	ADDITIONS/SHANGES TO OFFIC	CERS AND DIRECTORS IN 12
TITLE PD	DELETE	1.1 TITLE PD		Change Addition
NAME GREZAFFI, JOSEPH	•	1.2 NAME C.H	harrs M. East T 10 Ambrican Bagi	R. a. s. d. a. a.
STREET ADDRESS 1010 AMERICAN EAGLE BLVD	#227			
CITY-ST-ZIP SUN CITY CENTER FL		1.4 CITY-ST-ZIP SV	IN CITY CONTER, F	1 33573
TITLE SD	L] DELETE	2.1 TITLE	•	Change Addition
NAME LLOYD, LUTHER R.		2.2 NAME		
STREET ADDRESS 15209 LAKE MAURINE DR.		2.3 STREET ADDRESS	<i>t</i> -	
CITY-ST-ZIP ODESSA FL. TITLE TD	DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE		Change Addition
NAME GARTEN, MELVIN	La Vileit	3.2 NAME		Em Outrido Em vontron
STREET ADDRESS 60 MARTINIQUE AVENUE		3.3 STREET ADDRESS		
CITY-ST-ZIP TAMPA FL		34. CITY-ST-ZIP		
TITLE D	☐ DELETE	4.1 TITLE	<u> </u>	Change Addition
NAME BROWN, PETER R.		4. 2 NAME		
STREET ADDRESS 172 HARBOR AGE COURT		4.3 STREET ADDRESS		
CITY-ST-ZIP CLEARWATER FL		4.4 CITY - ST - ZIP		
TITLE				
	☐ DELETE	5.1 TITLE 🚨		Change Addition
NAME OTOGET I DOGGG	☐ DELETE	5.1 TITLE 2 5.2 NAME E	ARL G. PECK	
NAME STREET ADDRESS , CITY-ST-ZIP	☐ DELETE	5.1 TITLE C. 5.2 NAME E. 5.3 STREET ADDRESS 14		e.

6.3 STREET ADDRESS

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 Stalutes. 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

SIGNATURE:

NAME

STREET ADDRESS

appears in Block 12 or Block 13 if changed, or on an attachment with an address.

FILED

Feb 03 1997 8:00am

Secretary of State