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NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N27624

1. Corporation Name

RETIRED OFFICERS' CORPORATION

Principal Place of Business
1010 AMERICAN EAGLE BLVD
BOX 352 4TH FLOOR
SUN CITY CENTER FL 33573
HS

Mailing Address

1010 AMERICAN EAGLE BLVD

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FILED Feb 23, 1999 8:00 am Secretary of State

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US		US										
2. Princi	pal Place of Business	2a. Mailing Address				3. Date Inco	porated or	Qualifed			\neg	
21		⊢ •	26				07/27/1988					
	Apt. #, etc.	Suite, Apt. #, etc.				4. FEI Number Applied For						
22		27				59-2910014				Not Applicable		
City &	State	City & State					of Status D	Desired [\$8.75 A	dditional	
23		28	28				Or Status L	yeşired		Fee Red	quired	
Zip	Country Zip			try		6. Election Campaign Financing				\$5.00 May Be		
24	25	29	30			Trust Fund Contribution				Added to Fees ,		
	9. Name and Address of Curren	t Registered Agent				0. Name an	d Address	of New Regis	stered Ag	gent		
			8	31 Na	ame			;				
ZIMMI	ERMAN, ALAN L		1	32 St	reet Address	(P.O. Box No	ımber is No	t Acceptable)		- :	·	
	CARRIE WOOD DR							·		<u> </u>		
	CO FL 33594		[8	33					,			
			-	34 Ci	tv.			` · · · · ·		85 Zip C	ode	
!			[•				<u>FL</u>		1	
11. Purs	uant to the provisions of Sections 617.050 or registered agent, or both, in the State t. I am familiar with, and accept the obliga	2 and 617.1508, Florida Statut	tes, the abo	ove-na	med corporat	ion submits t	his stateme	nt for the purp	ose of ch	nanging its i	registered	
office agen	or registered agent, or both, in the State t. I am familiar with, and accept the obligat	of Florida. Such change was a tions of, Section 617.0503, Flo	iutnorizea i orida Statut	by the (es.	corporation s	poard of dire	ctors. I nen	eby accept the	з арропп	nent as reg	IISTOLOG	
SIGNATI	Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE	E: Registered A	gent sign	ature required whe				DATE			
												
12.	OFFICERS AN	ID DIRECTORS	13.			ADDITION	S/CHANGE	S TO OFFICE				
TITLE	PD OFFICERS AN	ID DIRECTORS DELETE	13.	E	PD	•				Change	Addition	
	PD		_		MILL	ER, E	DWARI	<i>ጋ ፓ.</i> 、	-	☐ Change	Addition	
TITLE	PD EAST, CHARLES M JR	⋈ DELETE	1.1 TITU 1.2 NAM		MILL	ER, E	DWARI		-	☐ Change	Addition	
TITLE NAME	PD EAST, CHARLES M JR 1010 AMERICAN EAGLE BLVD,	⋈ DELETE	1.1 TITU 1.2 NAM 1.3 STR	E	MILL.	ER, E AMER	DWARI ICAN	<i>ጋ ፓ.</i> 、	B4 VD	□ Change - , # / - 573	Addition	
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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, with all other like empowered.