

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 16, 2004 8:00 am
Secretary of State

07-16-2004 90007 015 ****61.25

DOCUMENT # N27624

1. Entity Name
RETIRED OFFICERS' CORPORATION



Principal Place of Business
1010 AMERICAN EAGLE BLVD.
#352
SUN CITY CENTER, FL 33573 US

Mailing Address
1010 AMERICAN EAGLE BLVD
#352
SUN CITY CENTER, FL 33573 US

54062685



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07122004

Chg-NP

CR2E037 (10/03)

4. FEI Number
59-2910014

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ZIMMERMAN, ALAN L
1220 CARRIE WOOD DR
VALRICO, FL 33594

Name **CHARLES M. EAST, JR.**
Street Address (P.O. Box Number is Not Acceptable)
1010 AMERICAN EAGLE BLVD., #352
City **SUN CITY CENTER** FL Zip Code **33573**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Charles M. East, Jr.

CHARLES M. EAST, JR.

7-13-04

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **CD** ☐ Delete
NAME **MILLER, EDWARD J**
STREET ADDRESS **1010 AMERICAN EAGLE BLVD., #126**
CITY-ST-ZIP **SUN CITY CENTER, FL 33573**

TITLE **SD** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **P** ☒ Delete
NAME **ZIMMERMAN, ALAN L**
STREET ADDRESS **1220 CARRIE WOOD DR**
CITY-ST-ZIP **VALRICO, FL 33594**

TITLE **CD** ☐ Change ☒ Addition
NAME **PETER R. BROWN**
STREET ADDRESS **11180 6th St. EAST**
CITY-ST-ZIP **TREASURE ISLAND, FL 33706**

TITLE **TD** ☐ Delete
NAME **NASH, MARTIN A**
STREET ADDRESS **1010 AMERICAN EAGLE BLVD #138**
CITY-ST-ZIP **SUN CITY CENTER, FL 33573**

TITLE **D** ☐ Change ☒ Addition
NAME **CHARLES M. East, Jr.**
STREET ADDRESS **1010 American Eagle Blvd. #239**
CITY-ST-ZIP **Sun City Center, FL 33573**

TITLE **SD** ☒ Delete
NAME **BARBER, EDNA D**
STREET ADDRESS **1010 AMERICAN EAGLE BLVD #742**
CITY-ST-ZIP **SUN CITY CENTER, FL 33573**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **D** ☐ Delete
NAME **MUSGRAVE, HOWARD**
STREET ADDRESS **1010 AMERICAN EAGLE BLVD #716**
CITY-ST-ZIP **SUN CITY CENTER, FL 33573**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. 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 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 or 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Charles M. East, Jr.

7-13-04

(813) 633-4467

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #