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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N35852

1. Corporation Name
CHAPTER 58, THE RETIRED ENLISTED ASSOCIATION, IN C.

* 1 15 7 2 13 90 27 50 3 *

Principal Place of Business: 2701 E 122ND AVE, TAMPA FL 33612-4714, US
 Mailing Address: 2701 E 122ND AVE, TAMPA FL 33612-4714, US



21	2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
	Suite, Apt. #, etc.	Suite, Apt. #, etc.	12/22/1989
22	City & State	City & State	4. FEI Number
	Zip	Country	59-2982474
23	Country	Country	Applied For
	Zip	Country	Not Applicable
24	Country	Country	5. Certificate of Status Desired <input type="checkbox"/>
	Zip	Country	\$8.75 Additional Fee Required
25	Country	Country	6. Election Campaign Financing <input type="checkbox"/>
	Zip	Country	Trust Fund Contribution <input type="checkbox"/>
26	Country	Country	\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
BLONDET, JORGE 2701 E 122ND AVE TAMPA FL 33612		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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BIAGGI, WILLIAM	1.2 NAME	
STREET ADDRESS	6727 ISLANDER LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33615	1.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	2.1 TITLE	S/T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLONDET, JORGE	2.2 NAME	
STREET ADDRESS	2701 E. 122ND AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33612	2.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAY, JOHN	3.2 NAME	
STREET ADDRESS	6422 ROCKPOINT DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33634	3.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	V/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SILVA, JOHN	4.2 NAME	W. T. MACKALL
STREET ADDRESS	5301 6TH ST S	4.3 STREET ADDRESS	7924 GARDEN DR. N.
CITY-ST-ZIP	ST PETERSBURG FL 33706	4.4 CITY-ST-ZIP	ST PETERSBURG, FL 33710
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BUCK, HOWARD	5.2 NAME	EFREN POL
STREET ADDRESS	375 S TERRACE DR	5.3 STREET ADDRESS	443 SAND RIDGE DR
CITY-ST-ZIP	EAGLE LAKE FL 33839	5.4 CITY-ST-ZIP	VALRICO, FL 33594
TITLE	VD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARANA, LOUIS A	6.2 NAME	
STREET ADDRESS	512 E. HILDA DR.	6.3 STREET ADDRESS	
CITY-ST-ZIP	BRANDON FL 33511	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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.

SIGNATURE: George Blondet REQUIRED JORGE BLONDET 2/15/99 (813) 977-7767
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (1/98)