


**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Mar 16, 2004 8:00 am**  
**Secretary of State**

03-16-2004 90041 033 \*\*\*\*70.00

<b>DOCUMENT # N35852</b>			
1. Entity Name <b>CHAPTER 58, THE RETIRED ENLISTED ASSOCIATION, INC.</b>			
Principal Place of Business <b>ENLISTED CLUB MACDILL AFB TAMPA FL 33608-0676 US</b>		Mailing Address <b>P.O. BOX 6676 MACDILL AFB TAMPA FL 33608-0676 US</b>	
2. Principal Place of Business <b>ENLISTED CLUB</b> Suite, Apt. #, etc.		3. Mailing Address <b>P.O. BOX 6676</b> Suite, Apt. #, etc.	
<b>MACDILL AFB</b> City & State		<b>MACDILL AFB</b> City & State	
<b>TAMPA FLORIDA</b> Zip Country <b>33608-0676 USA</b>		<b>TAMPA FLORIDA</b> Zip Country <b>3360800676 Hillsborough</b>	
6. Name and Address of Current Registered Agent <b>POL, EFREN PRES. 443 SAND RIDGE DR. VALRICO FL 33594</b>		7. Name and Address of New Registered Agent Name <b>HERMON SHARPE, JR. PRESIDENT</b> Street Address (P.O. Box Number is Not Acceptable) <b>3305 West Beaumont Street</b> City <b>Tampa</b> FL Zip Code <b>33611</b>	
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. <i>Hermon Sharpe Jr</i> SIGNATURE <b>HERMON SHARPE, JR. PRESIDENT</b> DATE <b>Mar 10, 2004</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
		<b>Make Check Payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>POL, EFREN PRES.</b> <b>443 SAND RIDGE DR.</b> <b>VALRICO FL 33594</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>SHARPE, JR. HERMON</b> <b>3305 West Beaumont Street</b> <b>Tampa Fl 33611-0780</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <input type="checkbox"/> Delete <b>ATWOOD, HAROLD VP</b> <b>4722 OHIO AVE</b> <b>TAMPA FL 33616</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <input type="checkbox"/> Delete <b>CHAMBERS, HENRY</b> <b>10285 127TH PLACE</b> <b>LARGO FL 33773</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <input checked="" type="checkbox"/> Delete <b>ARANA, LUIS A</b> <b>449 COUNTRY VINEYARD DR</b> <b>VALRICO FL 33594</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Secretary</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>SCOTT, TERRY LEE</b> <b>8801 Hunters Lake Dr. Apt 1214</b> <b>Tampa Fl 33647-2861</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <input type="checkbox"/> Delete <b>MCMURTRY, CLARENCE</b> <b>410 51ST AVE W</b> <b>BRADENTON FL 34207-2756</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>IDZIAK, GENE</b> <b>10843 FIRST STREET</b> <b>SAINT PETERSBURG FL 33716</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition



MOORE CR2E037 (11/03)

4. FEI Number **59-2982474** Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

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: Hermon Sharpe Jr** DATE **Mar 10, 2004**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR