

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N35852

FILED
Feb 18, 2009
Secretary of State

Entity Name: CHAPTER 58, THE RETIRED ENLISTED ASSOCIATION, INC.

Current Principal Place of Business:

ENLISTED CLUB
MACDILL AFB
TAMPA, FL 336080676 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 6676
MACDILL AFB
TAMPA, FL 336080676 US

New Mailing Address:

FEI Number: 59-2982474 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHARPE, HERMON JR.
3305 WEST BEAUMONT ST.
TAMPA, FL 33611 US

Name and Address of New Registered Agent:

ARANA, LOUIS A SR
449 COUNTRY VINEYARD DR.
VALRICO, FL 33594 US

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.

SIGNATURE: LOUIS A. ARANA

02/18/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PST () Delete
Name: SHARPE, HERMON
Address: 305 WEST BEAUMONT ST
City-St-Zip: TAMPA, FL 336110780

Title: VP () Delete
Name: ATWOOD, HAROLD
Address: 4722 OHIO AVE
City-St-Zip: TAMPA, FL 33616

Title: VP () Delete
Name: PARKER, GEOFFREY
Address: 1104 TANNER RD
City-St-Zip: PLANT CITY, FL 335678047

Title: D () Delete
Name: BLACK, LEONARD C
Address: 17836 FELLOWFIELD DR
City-St-Zip: LUTZ, FL 33549

Title: D () Delete
Name: IDZIAK, GENE
Address: 10843 FIRST STREET
City-St-Zip: SAINT PETERSBURG, FL 33716

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST (X) Change () Addition
Name: ARANA, LOUIS A SR
Address: 449 COUNTRY VINEYARD DR.
City-St-Zip: VALRICO, FL 33594

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: GATHERS, PETER
Address: 1604 RYDELL LN
City-St-Zip: PLANT CITY, FL 33563

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LOUIS A. ARANA

PST

02/18/2009

Electronic Signature of Signing Officer or Director

Date