

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Sep 02, 2003 8:00 am
Secretary of State

09-02-2003 90185 049 ****61.25

0012276

DOCUMENT # N35852
1. Entity Name
CHAPTER 58, THE RETIRED ENLISTED ASSOCIATION, IN C.



Principal Place of Business: **ENLISTED CLUB
MACDILL AFB
TAMPA FL 33608-0676
US**
Mailing Address: **P.O. BOX 6676
MACDILL AFB
TAMPA FL 33608-0676
US**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business: Suite, Apt. #, etc.
3. Mailing Address: Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number **59-2982474** Applied For
Not Applicable
5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**POL, EFREN PRES.
443 SAND RIDGE DR.
VALRICO FL 33594**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25

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

TITLE	P <input type="checkbox"/> Delete
NAME	POL, EFREN PRES.
STREET ADDRESS	443 SAND RIDGE DR.
CITY-ST-ZIP	VALRICO FL 33594
TITLE	VP <input type="checkbox"/> Delete
NAME	ATWOOD, HAROLD VP
STREET ADDRESS	4722 OHIO AVE
CITY-ST-ZIP	TAMPA FL 33616
TITLE	VP <input checked="" type="checkbox"/> Delete
NAME	BIAGGI, WILLIAM VP
STREET ADDRESS	6727 ISLANDER LANE
CITY-ST-ZIP	TAMPA FL 33615
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	CHAMBERS, HENRY D
STREET ADDRESS	10285 127TH PLACE
CITY-ST-ZIP	LARGO FL 33773
TITLE	STD <input checked="" type="checkbox"/> Delete
NAME	ARANA, LOUIS A STD
STREET ADDRESS	449 COUNTRY VINYARD DR
CITY-ST-ZIP	VALRICO FL 33594
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	BURGNER, DOUGLAS D
STREET ADDRESS	32 PALM LANE DR.
CITY-ST-ZIP	WINTER HAVEN FL 33881

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Chambers, Henry (VP)
STREET ADDRESS	10285 127th Place
CITY-ST-ZIP	Largo, FL 33773
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Arana, Louis A. (S)
STREET ADDRESS	449 Country Vineyard DR.
CITY-ST-ZIP	Valrico, FL 33594
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Clarence McMurtry (T)
STREET ADDRESS	410 51st Ave. W
CITY-ST-ZIP	Bradenton, FL 34207-2756
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Idziak, Gene (D)
STREET ADDRESS	10843 First St.
CITY-ST-ZIP	St. Petersburg, FL 33716

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: **SIGNATURE REQUIRED** *8-25-03 813-661-3202*

CR2E037 (4/03)