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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N41857** **(6)**

1. Corporation Name

BOB SIKES CHAPTER, THE RETIRED OFFICERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
P O BOX 3875 MILTON FL 32572	P O BOX 3875 MILTON FL 32572-3875

3. Date Incorporated or Qualified: **01/29/1991**
3a. Date of Last Report: **01/29/1996**

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24) Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29) Country (30)

4. FEI Number: **59-3005246** ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

MUCHOW, ROBERT F
6100 CHEYENNE DRIVE
MILTON FL 32570

10. Name and Address of New Registered Agent

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	DP	☒ DELETE	1.1 TITLE	DP	☒ Change ☐ Addition
NAME	BUSTOS, ROBERT		1.2 NAME	INGVOLDSTAD, LANNY III	
STREET ADDRESS	3429 ARGYLE DR		1.3 STREET ADDRESS	RT 6 BOX 153	
CITY-ST-ZIP	PACE FL		1.4 CITY-ST-ZIP	MILTON, FL 32570	
TITLE	DT	☒ DELETE	2.1 TITLE	DV	☒ Change ☐ Addition
NAME	WARD, CHARLES E.		2.2 NAME	WARD, CHARLES E.	
STREET ADDRESS	5160 WOODBINE RD		2.3 STREET ADDRESS	5733 SANDSTONE DR	
CITY-ST-ZIP	PACE FL		2.4 CITY-ST-ZIP	PACE, FL 32571	
TITLE	DS	☒ DELETE	3.1 TITLE	DS	☒ Change ☐ Addition
NAME	DUFFIE, DARLENE		3.2 NAME	PHILLIPP, PATTIE	
STREET ADDRESS	5641 GARDENIA AVE		3.3 STREET ADDRESS	134 SANTA ROSA DR	
CITY-ST-ZIP	MILTON FL		3.4 CITY-ST-ZIP	PACE, FL 32571	
TITLE	DV	☒ DELETE	4.1 TITLE	DT	☒ Change ☐ Addition
NAME	INGVOLDSTAD, LANNY III		4.2 NAME	SHAFER, DONALD	
STREET ADDRESS	RT 6 BOX 153		4.3 STREET ADDRESS	8990 N. DAVIS HWY APT 145	
CITY-ST-ZIP	MILTON FL		4.4 CITY-ST-ZIP	PENSACOLA, FL 32514	
TITLE	DV	☒ DELETE	5.1 TITLE	DV	☒ Change ☐ Addition
NAME	COUCH, WILLIAM		5.2 NAME	FULTON, SAMUEL	
STREET ADDRESS	24 EASY ST		5.3 STREET ADDRESS	5653 NICKLAUS LANE	
CITY-ST-ZIP	MILTON FL		5.4 CITY-ST-ZIP	MILTON, FL 32570	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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 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.

SIGNATURE: Charles E Ward CHARLES E. WARD 1/10/97 (904)-983-9595
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0074583