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Feb 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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

3. Date Incorporated or Qualified

01/29/1991

4. FEI Number

59-3005246

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MUCHOW, ROBERT F
6100 CHEYENNE DRIVE
MILTON FL 32570**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	INGVOLDSTAD, LANNY III	
STREET ADDRESS	RT 6 BOX 153	
CITY - ST - ZIP	MILTON FL	

1.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SHELBY, FRANK	
1.3 STREET ADDRESS	5457 ROWE TRAIL	
1.4 CITY - ST - ZIP	PACE, FL 32571	

TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	WARD, CHARLES E.	
STREET ADDRESS	5733 SANDSTONE DR	
CITY - ST - ZIP	PACE FL	

2.1 TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	HOLLINGSWORTH, LABAN	
2.3 STREET ADDRESS	5521 HAMILTON BRIDGE	
2.4 CITY - ST - ZIP	MILTON, FL 32570	

TITLE	DS	<input type="checkbox"/> DELETE
NAME	PHILLIPP, PATTIE	
STREET ADDRESS	134 SANTA ROSA DR	
CITY - ST - ZIP	PACE FL	

3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		

TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	SHAFFER, DONALD	
STREET ADDRESS	8990 N DAVIS HWY #145	
CITY - ST - ZIP	PENSACOLA FL	

4.1 TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	SHAFFER, DONALD	
4.3 STREET ADDRESS	8990 N DAVIS HWY #145	
4.4 CITY - ST - ZIP	PENSACOLA, FL 32514	

TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	FULTON, SAMUEL	
STREET ADDRESS	5653 NICKLAUS LN	
CITY - ST - ZIP	MILTON FL	

5.1 TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	REINHARD, EDWARD	
5.3 STREET ADDRESS	5480 FAUNWOOD DR	
5.4 CITY - ST - ZIP	PACE, FL 32571	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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)(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: *Edward O Reinhard* **EDWARD O. REINHARD (TREASURER)** 29 JAN 98 850-994-6937

CR2E037 (10/97)