


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90218 020 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N41857</b>					
1. Corporation Name <b>BOB SIKES CHAPTER, THE RETIRED OFFICERS ASSOCIATION, INC.</b>					
Principal Place of Business P O BOX 3875 MILTON FL 32572			Mailing Address P O BOX 3875 MILTON FL 32572		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>01/29/1991</b>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>59-3005246</b>	Applied For - Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24	Country	29	Country		
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
<b>MUCHOW, ROBERT F</b> <b>6100 CHEYENNE DRIVE</b> <b>MILTON FL 32570</b>				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				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		1.1 TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	SHELBY, FRANK			1.2 NAME	MUCHOW, ROBERT F.		
STREET ADDRESS	5457 ROWE TRAIL			1.3 STREET ADDRESS	6100 CHEYENNE DR.		
CITY-ST-ZIP	PACE FL 32571			1.4 CITY-ST-ZIP	MILTON FL 32570		
TITLE	DV	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	HOLLINGSWORTH, LABAM			2.2 NAME	EGLER, JAMES		
STREET ADDRESS	5521 HAMILTON BRIDGE			2.3 STREET ADDRESS	5124 WEST PORT DR		
CITY-ST-ZIP	MILRON FL 32570			2.4 CITY-ST-ZIP	MILTON FL 32570		
TITLE	DS	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PHILLIPP, PATTIE			3.2 NAME			
STREET ADDRESS	134 SANTA ROSA DR			3.3 STREET ADDRESS			
CITY-ST-ZIP	PACE FL			3.4 CITY-ST-ZIP			
TITLE	DV	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	SHAFFER, DONALD			4.2 NAME	WATSON, OSCAR		
STREET ADDRESS	8990 N DAVIS HWY #145			4.3 STREET ADDRESS	3022 EAST KINGSFIELD RD		
CITY-ST-ZIP	PENSACOLA FL 32514			4.4 CITY-ST-ZIP	PENSACOLA, FL 32514		
TITLE	DT	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	REINHARD, EDWARD			5.2 NAME			
STREET ADDRESS	3480 FAWNWOOD DR			5.3 STREET ADDRESS			
CITY-ST-ZIP	PACE FL 32571			5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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, with all other like empowered.

SIGNATURE: *Edward Reinhard* **REINHARD, EDWARD**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

22 JAN 99 850-944-6737

Date

Daytime Phone #

CR2E037 (11/98)