2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 29, 2005 8:00 am
Secretary of State
03-29-2005 90026 047 ****61.25

DOCUMENT # N41857

1. Entity 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

1st MOORE CR2E037 (10/04)

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

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

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

6. Name and Address of Current Registered Agent

SHELBY, FRANK F
5457 ROWE TRAIL
PACE FL 32571

7. Name and Address of New Registered Agent

Name: Howard P Shores II
Street Address (P.O. Box Number is Not Acceptable): 5474 CHAMPIONS DR
City: PACE FL Zip Code: 32571

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: [signature] DATE

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25 Due By May 1, 2005

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P FURLOW, BRUCE 5843 HICKORY GROVE RD. MILTON FL 32570	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GLASSER, HAL 5900 TWIN OAKS DR MILTON FL 32571	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT ALAMAN, LOUIS 4532 WOODBINE ROAD MAITLAND FL 32751	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/T EGLER JAMES F 5124 WESTPORT DR MILTON, FL 32570 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FURLOW, BRUCE M 5843 HICKORY GROVE RD MILTON FL 32570	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/V SHAFER, DON 5705 TAMARACK DR PACE FL 32571 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S SHELBY, FRANK 5457 ROWE TRAIL PACE FL 32571	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S SHORES II, HOWARD P 5474 CHAMPIONS DR PACE FL 32571 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RUSSELL, JOHN 6421 MISTY LAKE DR MILTON 32570 ☐ Change ☒ Addition

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] 13 MAR 2005

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #