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

FILED
Aug 05, 2002 8:00 am
Secretary of State
08-05-2002 90002 023 ****61.25

DOCUMENT # N98000006229

1. Entity Name
The Retired Officer's Association of Cape Canaveral Scholarship Corporation

DO NOT WRITE IN THIS SPACE

972427

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2. Principal Place of Business	3. Mailing Address
1800 Penn Street	PO Box 254708
Suite, Apt. #, etc. Suite 6	Suite, Apt. #, etc.
City & State Melbourne, FL	City & State Patrick AFB, FL
Zip 32901-2625 Country US	Zip 32925-4708 Country US

4. FEI Number 59-3563724 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name John C. Murphy
Street Address (P.O. Box Number is Not Acceptable) 1800 Penn Street Suite 6
City Melbourne FL Zip Code 32901-2625

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.

SIGNATURE J.C. Murphy J.C. Murphy
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25
Initial or Amended UBR

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE C/D NAME Hall, William E. STREET ADDRESS 3093 Rio Baya S. CITY-ST-ZIP Indialantic, FL 32903-3724	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE D NAME Lynn, Robert G. STREET ADDRESS 681 Spring Lake Dr. CITY-ST-ZIP Melbourne, FL 32940-1957	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE T/D NAME Prentice, Gordon R. STREET ADDRESS 1063 Old Mill Pond Road CITY-ST-ZIP Melbourne, FL 32940-6886	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE D NAME Kendall, Maurice W. STREET ADDRESS 625 Barcelona Court CITY-ST-ZIP Satellite Beach, FL 32937-3907	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE S/D NAME Murphy, J.C. STREET ADDRESS 310 Albacore Place CITY-ST-ZIP Melbourne Beach, FL 32951-2004	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP

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CR2E037B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: J.C. Murphy (321) 676-2525
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment
972477

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

July 19, 2002

THE RETIRED OFFICER'S ASSOCIATION OF CAPE CANAVERAL SCH
po box 254708
patrick afb, FL 32925-4708

SUBJECT: THE RETIRED OFFICER'S ASSOCIATION OF CAPE CANAVERAL SCHOLARSHIP CORPORATION
Ref. Number: N98000006229

We have received your document for THE RETIRED OFFICER'S ASSOCIATION OF CAPE CANAVERAL SCHOLARSHIP CORPORATION and check(s) totaling $175.00. However, your check(s) and document are being returned for the following:

The fee to file the enclosed nonprofit annual report/uniform business report is $61.25. If a certificate of status is desired, please add an additional $8.75.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Justin M Shivers
Document Specialist

Letter Number: 602A00044361