2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 10, 2003 8:00 am
Secretary of State
03-10-2003 90099 011 ****61.25

0075246

DOCUMENT # N98000006229

1. Entity Name
THE RETIRED OFFICER'S ASSOCIATION OF CAPE CANAVERAL SCHOLARSHIP CORPORATION

Principal Place of Business	Mailing Address
~~1800 PENN STREET~~ ~~SUITE 6~~ ~~MELBOURNE FL 32901-2625~~ US	P O BOX 254708 PATRICK A F B FL 32925-4708 US

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
PO Box 254708	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Patrick AFB, FL	City & State
Zip: 32925-4708 Country: US	Zip / Country

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

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MURPHY, JOHN C 1800 PENN STREET SUITE 6 MELBOURNE FL 32901-2625	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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

FILE NOW: FEE IS $61.25

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	CD HALL, WILLIAM E 3093 RIO BAYA S INDIALANTIC FL 32903-3724	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LYNN, ROBERT G 681 SPRING LAKE DR MELBOURNE FL 32940-1957	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD PRENTICE, GORDON R 1093 OLD MILL POND ROAD MELBOURNE FL 32940-6886	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ~~KONDALL, MAURICE W~~ 625 BARCELONA COURT SATELLITE BEACH FL 32937-3907	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition KENDALL, MAURICE W.
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD MURPHY, J. C. 310 ALBACORE PLACE MELBOURNE BEACH FL 32951-2904	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (10/02)

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 REQUIRED JOHN C MURPHY 4 March 03 (321) 676-2525