

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

FILED
Aug 20, 2003 8:00 am
Secretary of State

01-30-2003 90118 034 ****61.25
08-20-2003 90049 030 ****61.25

DOCUMENT # 739136

1. Entity Name

MILITARY OFFICERS ASSOCIATION OF AMERICA - BROWARD COUNTY CHAPTER, INC.

Principal Place of Business

**BROWARD COUNTY
BROWARD COUNTY FL**

Mailing Address

**P O BOX 771042
CORAL SPRINGS FL 33072
US**

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 **65-0225164**

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

**O'BRIEN, DONALD C INC
12244 NW 30TH AVE
CORAL SPRINGS FL 33065**

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

17 AUG 03

**FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25**

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
**PD
O'BRIEN, DONALD C LTC
12244 NW 30TH AVE
CORAL SPRINGS FL 33065** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**1VD
GOODALL, JEFFREY L JR
11245 W. ATLANTIC BLVD #308
CORAL SPRINGS FL 33071** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**1VD
SAM J. TRICHLIO
10924 NW 41ST DRIVE
CORAL SPRINGS, FL 33065** ☒ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**2VPD
RACOY, CHARLES H LTC
1150-703 HILLSBOROUGH MILE
HILLSBORO BEACH FL 33062** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**2VPD
WALTER RICHARD CAMPEN
8257 NW 9TH ST.
PLANTATION, FL 33324** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**3VD
GRADY, ROSLYN M
3119 OAKLAND SHORES DR C105
FORT LAUDERDALE FL 33309** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
COURTER, FLORENCE MRS
2341 SW 26TH AVE
FORT LAUDERDALE FL 33312** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TMD
CORKEN, JACK C
8645 RAMBLEWOOD DR
CORAL SPRINGS FL 33071** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ 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)(l), 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:

Jack C. Corken, Treasurer 8/11/03 954-753-735

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (4/03)