


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90418 017 \*\*\*\*61.25

<b>DOCUMENT # 749755</b>	
1. Entity Name <b>THE FLORIDA COUNCIL OF CHAPTERS OF MILITARY OFFICERS ASSOCIATION OF AMERICA, INC.</b>	

Principal Place of Business <b>25 BEAUMONT LN FLAGLER BEACH, FL 32136-4358 US</b>	Mailing Address <b>25 BEAUMONT LN FLAGLER BEACH, FL 32136-4358 US</b>
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2. Principal Place of Business - No P.O. Box # <b>10110 118th Way N.</b>	3. Mailing Address <b>Suite, Apt. #, etc.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Seminole, FL</b>	City & State <b>Seminole, FL</b>
Zip <b>33772-2142</b>	Country <b>USA</b>
Country <b>USA</b>	Zip <b>33772-2142</b>



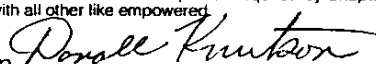
04242007 Chg-NP CR2E037 (12/06)

6. Name and Address of Current Registered Agent <b>DELANEY, HELEN F 25 BEAUMONT LN FLAGLER BEACH, FL 32136-4358</b>		7. Name and Address of New Registered Agent Name <b>Roger J. Shields</b> Street Address (P.O. Box Number is Not Acceptable) <b>10110 118th Way N.</b> City <b>Seminole, FL</b> Zip Code <b>33772-2142</b>	
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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, typed or printed name of registered agent and the applicable (NOTE: Registered Agent signature required when reinstating) <b>Roger J. Shields, Secretary</b>	DATE <b>25 April 2007</b>

<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KNEHANS, WILLIAM E 34 TREETOP CIRCLE ORMOND BEACH, FL 321749206 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Monk, Bill 3132 Sterling St. <b>Tarpon 34689-7613</b> <b>Tarpon Springs FL</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MONK, BILL 3132 STERLING ST. TARPO SPRINGS, FL 346897613 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Scott, Troy 841 Forestview Ct. Sarasota, FL 34232 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PITMAN, JACK 13 WENDY LN PALM COAST, FL 32164 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Knutson, Donald 3242 Elk LANE Spring Hill, FL 34606=3125 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DELANEY, HELEN F 25 BEAUMONT LN FLAGLER BEACH, FL 321364358 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Shields, Roger J. 19110 118th Way N. Seminole, FL 33772-2142 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.	
<b>SIGNATURE:</b> <b>Donald Knutson</b> 	<b>25 April 2007</b> <b>(352)686-9379</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	