2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 13, 2004
Secretary of State

DOCUMENT# 769347

Entity Name: THE FLORIDA GOLD COAST CHAPTER, MILITARY OFFICERS ASSOCIATION OF AMERICA, INC.

Current Principal Place of Business:

5991 SW 85 ST
SOUTH MIAMI, FL 33143

New Principal Place of Business:

Current Mailing Address:

5991 SW 85 ST
SOUTH MIAMI, FL 33143

New Mailing Address:

FEI Number: 59-2344552 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WRIGHT, WILLIAM D JR
5991 SW 85 ST
SOUTH MIAMI, FL 33143

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	TD	( ) Delete
Name:	WRIGHT, WILLIAM D JR	
Address:	5991 S.W. 85TH ST.	
City-St-Zip:	SOUTH MIAMI, FL 33143	
Title:	SD	( ) Delete
Name:	LAMIS, NICHOLAS JR	
Address:	13100 SW 104 CT	
City-St-Zip:	MIAMI, FL 33176	
Title:	PD	( ) Delete
Name:	ROSEN, MARTY	
Address:	1120 MANATI AVE	
City-St-Zip:	CORAL GABLES, FL 33146	
Title:	V	( ) Delete
Name:	TANOS, ALEXANDER E	
Address:	7333 BELLE MEADE BLVD	
City-St-Zip:	MIAMI, FL 33138	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM D. WRIGHT, JR. TD 05/13/2004
Electronic Signature of Signing Officer or Director — Date