2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2007 8:00 am
Secretary of State
02-05-2007 90091 016 ****70.00

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1. Entity Name
THE PALM BEACH AREA CHAPTER OF THE MILITARY OFFICERS ASSOCIATION OF AMERICA, INC.

Principal Place of Business	Mailing Address
P.O. BOX 3345 BOYNTON BEACH, FL 33424-3345 US	POST OFFICE BOX 3345 BOYNTON BEACH, FL 33424-3345 US

01252007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0028198 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HERMAN, DAVID E
10734 STONEYBROOK BLVD
BOCA RATON, FL 33498

7. Name and Address of New Registered Agent

Name KRELL, IRENE
Street Address (P.O. Box Number is Not Acceptable) 7519 LA PAZ BLVD., APT. C 107
City BOCA RATON FL Zip Code 33433

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 IRENE KRELL Irene Krell, PRESIDENT 1/28/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2007

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	D WEINBURG, RICHARD 9898 HARBOR LAKE CIRCLE BOYNTON BEACH, FL 33437	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP WATSON, CHRIS 7104 NW 43RD ST CORAL SPRINTS, FL 33065	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP NIRENBERG, ALLAN 6520 BOCA DEL MAR DR #10 BOCA RATON, FL 33433	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P HERMAN, DAVID 7772 MAJESTIC PALM DR BOYNTON BEACH, FL 33437	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PELUSO, ANGELO 13757 FLORA PL, APT A DELRAY BEACH, FL 33484	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CAMPBELL, JAMES O. 2590 NW 40TH STREET BOCA RATON, FL 33434	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD KRELL, IRENE 5961 NW 2ND AVE #211 BOCA RATON, FL 33487	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P KRELL, IRENE 7519 LA PAZ BLVD, APT C 107 BOCA RATON, FL 33433	☒ Change ☐ 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.

SIGNATURE: Irene Krell, PRESIDENT IRENE KRELL 1/28/07 (561) 361-1571
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #