2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2007 08:00 AM
Secretary of State

DOCUMENT # N93000001356

1. Entity Name
MILITARY OFFICERS ASSOCIATION OF AMERICA, CITRUS COUNTY CHAPTER, INCORPORATED

Principal Place of Business	Mailing Address
2905 N PENNSYLVANIA AVE CRYSTAL RIVER, FL 34428	POST OFFICE BOX 995 INVERNESS, FL 34451

DO NOT WRITE IN THIS SPACE

03112007 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-3180300

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

RUNYON, GARY E
2905 N PENNSYLVANIA AVE
CRYSTAL RIVER, FL 34428

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

Filing Fee is $61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	KENNEY, JOHN
STREET ADDRESS	17 GLOXINIAS CT
CITY-ST-ZIP	HOMOSASSA, FL 344460001
TITLE	D
NAME	TRUAX, ROBERT C
STREET ADDRESS	801 N BERLIN POINT
CITY-ST-ZIP	INVERNESS, FL 34453
TITLE	T
NAME	GREEN, TOM
STREET ADDRESS	6160 N. WHITE PALM WAY
CITY-ST-ZIP	BEVERLY HILLS, FL 344562581
TITLE	D
NAME	MCLEOD, CARLTON
STREET ADDRESS	670 W PEARSON STREET
CITY-ST-ZIP	HERNANDO, FL 344424879
TITLE	S
NAME	RUNYON, GARY E
STREET ADDRESS	2905 N PENNSYLVANIA AVE
CITY-ST-ZIP	CRYSTAL RIVER, FL 34428
TITLE	P
NAME	RESARE, RONALD A
STREET ADDRESS	1881 EAST FLETCHER ST
CITY-ST-ZIP	HERNANDO, FL 34442

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03/23/07-80070-014 61.25

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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: GEB MARCH 11, 2007 (352) 563-5727
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #