2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2009
Secretary of State

DOCUMENT# N93000001356

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

Current Principal Place of Business:

2905 N PENNSYLVANIA AVE
CRYSTAL RIVER, FL 34428

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 995
INVERNESS, FL 34451

New Mailing Address:

POST OFFICE BOX 995
INVERNESS, FL 344510995

FEI Number: 59-3180300 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

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:	P	( ) Delete
Name:	RICHIE-MELVAN, SHARON	
Address:	13 NORTH ARCHWOOD DRIVE	
City-St-Zip:	INVERNESS, FL 34450	
Title:	D	( ) Delete
Name:	TRUAX, ROBERT C	
Address:	801 N BERLIN POINT	
City-St-Zip:	INVERNESS, FL 34453	
Title:	T	( ) Delete
Name:	GREEN, TOM	
Address:	6160 N. WHITE PALM WAY	
City-St-Zip:	BEVERLY HILLS, FL 344562581	
Title:	D	( ) Delete
Name:	MCLEOD, CARLTON	
Address:	670 W PEARSON STREET	
City-St-Zip:	HERNANDO, FL 344424879	
Title:	S	( ) Delete
Name:	RUNYON, GARY E	
Address:	2905 N PENNSYLVANIA AVE	
City-St-Zip:	CRYSTAL RIVER, FL 34428	
Title:	D	( ) Delete
Name:	RESARE, RONALD A	
Address:	1881 EAST FLETCHER STREET	
City-St-Zip:	HERNANDO, FL 34442	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	T	(X) Change ( ) Addition
Name:	GREEN, THOMAS	
Address:	6160 N. WHITE PALM WAY	
City-St-Zip:	BEVERLY HILLS, FL 344562581	
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 exemption stated 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 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: GARY E RUNYON S 04/10/2009
Electronic Signature of Signing Officer or Director — Date