

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 737028

**Entity Name:** RETIRED ARMY JUDGE ADVOCATES ASSOCIATION, INC.

**Current Principal Place of Business:**

1365 HEAVENLY COVE  
WINTER PARK, FL 32792

**Current Mailing Address:**

18550 AUGUSTA DRIVE  
MONUMENT, CO 80132 US

**FEI Number:** 59-1737757

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

KIRBY, PAMELA  
1365 HEAVENLY COVE  
WINTER PARK, FL 32792 US

*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

**Officer/Director Detail :**

Title            PRESIDENT-DIRECTOR  
Name            CHAPMAN, MICHAEL G  
Address        6004 CHAPMAN ROAD  
City-State-Zip: MASON NECK VA 22017

Title            DIRECTOR  
Name            SCHENCK, LISA M  
Address        7303 LINGANORE CT  
City-State-Zip: MCLEAN VA 22102

Title            DIRECTOR  
Name            KIRBY, PAMELA  
Address        2899 WILD GINGER CT.  
City-State-Zip: WINTER PARK FL 32792

Title            DIRECTOR  
Name            FEGLEY, GIL  
Address        5915 NEW ENGLAND WOODS DR  
City-State-Zip: BURKE VA 22015

Title            DIRECTOR  
Name            STRASSBURG, THOMAS M  
Address        735 LOCHRIDGE LANE  
City-State-Zip: EARLYSVILLE VA 22936

Title            DIRECTOR  
Name            ROSS, JOSEPH  
Address        9516 BLACKBURN DRIVE  
City-State-Zip: BURKE VA 22015

Title            DIRECTOR  
Name            NACCARATO, TIM  
Address        3354 MARINA COVE CIRCLE  
City-State-Zip: ELK GROVE CA 95758

Title            DIRECTOR  
Name            LANCASTER, PAULINE  
Address        3043 N. MORRISTOWN RD.  
City-State-Zip: SHELBYVILLE IN 46176

**Continues on page 2**

*I hereby 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 all other like empowered.*

**SIGNATURE:** GERALDINE J. BUSH

**SECRETARY/TREASURER** 01/04/2021

\_\_\_\_\_ Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_ Date

**Officer/Director Detail Continued :**

Title SECRETARY-DIRECTOR  
Name BUSH, GERALDINE J  
Address 18550 AUGUSTA DRIVE  
City-State-Zip: MONUMENT CO 80132

Title DIRECTOR  
Name WERNER, STEVEN M  
Address 301 S. WEBER  
City-State-Zip: COLORADO SPRINGS CO 80903

Title DIRECTORAT  
Name GERSTENLAUER, JAMES P  
Address 410 TROWGATE LANE  
City-State-Zip: ATLANTA GA 30350