

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 747973

**Entity Name:** MILITARY OFFICER'S ASSOCIATION OF AMERICA, CAPE  
CANAVERAL CHAPTER, INC.

**Current Principal Place of Business:**

2065 MONA COURT  
MERRITT ISLAND, FL 32952-2904

**Current Mailing Address:**

MOAA CAPE CANAVERAL CHAPTER, INC.  
P. O. BOX 254186  
PATRICK AFB, FL 32925 US

**FEI Number: 59-1711052**

**Certificate of Status Desired: Yes**

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

TURNER, STEVEN G  
2065 MONA COURT  
MERRITT ISLAND, FL 32952 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 TD  
Name TURNER, STEVEN G  
Address 2065 MONA COURT  
City-State-Zip: MERRITT ISLAND FL 32952

Title DIRECTOR  
Name JOY, ERNEST HII  
Address 1421 LARGO MAR DRIVE  
City-State-Zip: MELBOURNE FL 32940

Title VP  
Name WATTS, ROBERT D  
Address 1551 FRONTIER DRIVE  
City-State-Zip: MELBOURNE FL 32940-6750

Title PRESIDENT  
Name ROGERS, JEFFERY C  
Address 4260 STONEY POINT ROAD  
City-State-Zip: MELBOURNE FL 32940

Title DIRECTOR  
Name YELLE, COURTNEY A  
Address 2001 JULEP DRIVE  
City-State-Zip: COCOA BEACH FL 32931

Title SECRETARY  
Name HAMPTON, WILLIAM A  
Address 1145 CONTINENTAL AVENUE  
City-State-Zip: MELBOURNE FL 32940-6743

*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: STEVEN G. TURNER**

**TREASURER/REGISTERED AGENT 01/23/2014**

Electronic Signature of Signing Officer/Director Detail

Date