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

**FILED**
**Jan 27, 2014**
**Secretary of State**
**CC9373253985**

DOCUMENT# 771055

**Entity Name:** THE GAINESVILLE FLORIDA CHAPTER OF THE MILITARY OFFICERS ASSOCIATION OF AMERICA, INC.

**Current Principal Place of Business:**

THE GAINESVILLE FL CHAPTER MOAA
10315 NW 13TH LANE
GAINESVILLE, FL 32606

**Current Mailing Address:**

THE GAINESVILLE FL CHAPTER MOAA
PO BOX 142423
GAINESVILLE, FL 32614 US

**FEI Number: 59-2413342**

**Certificate of Status Desired:** No

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

BOLLING, RODNEY A LCDR
1436 NW 100TH TER
GAINESVILLE, FL 32606 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: RODNEY A. BOLLING 01/27/2014

Electronic Signature of Registered Agent — Date

**Officer/Director Detail :**

| | |
|---|---|
| Title | DIRECTOR |
| Name | NUTE, CARTER CAPT |
| Address | 7605 NW 50TH ST |
| City-State-Zip: | GAINESVILLE FL 32653 |

| | |
|---|---|
| Title | SECRETARY |
| Name | LAWRENCE, PARKER CAPT |
| Address | 2101 NW 24TH AVE |
| City-State-Zip: | GAINESVILLE FL 32605 |

| | |
|---|---|
| Title | DIRECTOR |
| Name | GLEASON, CANDACE C |
| Address | 2126 SW 106TH DRIVE |
| City-State-Zip: | GAINESVILLE FL 32607 |

| | |
|---|---|
| Title | DIRECTOR |
| Name | WALT, VISNISKI CDR |
| Address | 12818 SW 2ND PLACE<br>TOWN OF TIOGA |
| City-State-Zip: | NEWBERRY FL 32669 |

| | |
|---|---|
| Title | PRESIDENT |
| Name | MENOSKI, JOHN CAPT |
| Address | 14913 NW 89TH ST |
| City-State-Zip: | ALACHUA FL 32615 |

| | |
|---|---|
| Title | TREASURER |
| Name | BOLLING, RODNEY A LCDR |
| Address | 1436 NW 100TH TER |
| City-State-Zip: | GAINESVILLE FL 32606 |

| | |
|---|---|
| Title | DIRECTOR |
| Name | JERROLD, SMITH CAPT |
| Address | 10424 SW 41ST PLACE |
| City-State-Zip: | GAINESVILLE FL 32608 |

| | |
|---|---|
| Title | DIRECTOR |
| Name | ALBRITTON, JAMES BGEN |
| Address | 180 TURKEY CREEK |
| City-State-Zip: | ALACHUA FL 32615 |

**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: RODNEY A. BOLLING TREASURER 01/27/2014

Electronic Signature of Signing Officer/Director Detail — Date

**Officer/Director Detail Continued :**

| | |
|---|---|
| Title | VP |
| Name | HENNESSEY, TOM COL |
| Address | 1615 NW19TH CIRCLE |
| City-State-Zip: | GAINESVILLE FL 32605 |