

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00165

Entity Name: MILITARY OFFICERS ASSOCIATION OF AMERICA, CENTRAL
FLORIDA CHAPTER, INC.**FILED**
Feb 26, 2013
Secretary of State
CC2662016725**Current Principal Place of Business:**VETERANS AFFAIRS BLDG
RM 125 2500 LEAMY ST.
ORLANDO, FL 32803**Current Mailing Address:**PO BOX 141025
ORLANDO, FL 32814 US**FEI Number: 59-2395173****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**HINES, JOSEPH V
554 ABINGTON CT.
APOPKA, FL 32703 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	PAST PRESIDENT
Name	LEPAGE, ROBERT M
Address	5132 SAILWIND CIR
City-State-Zip:	ORLANDO FL 32810

Title	PRESIDENT
Name	GATES, WILLIAM J
Address	114 BERKSHIRE CIRCLE E
City-State-Zip:	LONGWOOD FL 32779

Title	TREASURER
Name	HINES, JOSEPH V
Address	554 ABINGTON CT
City-State-Zip:	APOPKA FL 32703

Title	VP
Name	JUNG, RICHARD G SR.
Address	13755 BLUEWATER CIRCLE
City-State-Zip:	ORLANDO FL 32828

Title	VP
Name	RUZICH, JOHN
Address	2731 CORDGRASS ST
City-State-Zip:	OVIDO FL 32765

Title	ASST. SECRETARY
Name	GREEN, PATRICIA A
Address	139 VARIETY TREE CIR
City-State-Zip:	ALTAMONTE SPRINGS FL 32714

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: JOSEPH V. HINES**TREASURER****02/26/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date