

2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11539

Entity Name: THE OFF BASE CLUB, INC.**Current Principal Place of Business:**8624 BROAD ST.
NEW PT. RICHEY, FL 34654**Current Mailing Address:**8624 BROAD ST
NEW PORT RICHEY, FL 34654 US**FEI Number:** 59-2805700**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SMITH, WILLIAM D
8624 BROAD ST
NEW PORT RICHEY, FL 34654 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:** WILLIAM SMITH

01/24/2025

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT, COMMANDER
Name SMITH, WILLIAM D
Address 8469 CRANES ROOST DR
City-State-Zip: NEW PORT RICHEY FL 34654

Title VP/ 1ST VICE COMMANDER
Name BENSON, CRAIG R
Address 7928 SYLVAN DR
City-State-Zip: HUDSON FL 34667

Title VP / 2ND VICE COMMANDER
Name WYATT, DAVE
Address 8225 ARGYLE DR LOT 709
City-State-Zip: NEW PORT RICHEY FL 34654

Title TREASURER
Name TARMAN, MARGARET
Address 9715 CHRIS ST
City-State-Zip: NEW PORT RICHEY FL 34669

Title ADJUTANT
Name SARACINI, JOYCE
Address 6834 SANDLEWOOD DR
City-State-Zip: NEW PORT RICHEY FL 34688

Title CANTEEN MANAGER
Name CHELEW, LINDA
Address 2526 TIFFIN DR
City-State-Zip: NEW PORT RICHEY FL 34655

Title TRUSTEE
Name RUNEY, MIKE
Address 9558 DELRAY DR
City-State-Zip: NEW PORT RICHEY FL 34654

Title TRUSTEE
Name OXENDINE, JOE
Address 13106 LAUDERDALE
City-State-Zip: HUDSON FL 34667

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: WILLIAMD SMITH**COMMANDER**

01/24/2025

Electronic Signature of Signing Officer/Director Detail

Date