

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

DOCUMENT# N14000010807

**Entity Name:** MILITARY OFFICERS ASSOCIATION OF AMERICA, ANCIENT CITY CHAPTER, CHARITABLE, EDUCATIONAL AND SCIENTIFIC FUND, INC.

**FILED**  
**Feb 03, 2021**  
**Secretary of State**  
**3360365571CC**

**Current Principal Place of Business:**

525 BAREFOOT TRACE  
ST AUGUSTINE, FL 32080

**Current Mailing Address:**

P.O. BOX 4571  
ST AUGUSTINE, FL 32085 US

**FEI Number: 47-2563947**

**Certificate of Status Desired: No**

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

LIST, GARY  
525 BAREFOOT TRACE  
ST AUGUSTINE, FL 32080 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: GARY LIST

02/03/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	PRESIDENT / DIRECTOR	Title	1ST VICE PRESIDENT / DIRECTOR
Name	LIST, GARY	Name	RUSSOM, KEN
Address	P.O. BOX 4571	Address	P.O. BOX 4571
City-State-Zip:	ST AUGUSTINE FL 32085	City-State-Zip:	ST AUGUSTINE FL 32085
Title	2ND VICE PRESIDENT / DIRECTOR	Title	PAST PRESIDENT / DIRECTOR
Name	TIMONEY, JERRY	Name	BIRCHALL, RON
Address	P.O. BOX 4571	Address	P.O. BOX 4571
City-State-Zip:	ST AUGUSTINE FL 32085	City-State-Zip:	ST AUGUSTINE FL 32085
Title	JUDGE ADVOCATE / DIRECTOR	Title	SECRETARY / DIRECTOR
Name	LINARDOS, GEORGE	Name	GIRVAN, DON
Address	P.O. BOX 4571	Address	P.O. BOX 4571
City-State-Zip:	ST AUGUSTINE FL 32085	City-State-Zip:	ST AUGUSTINE FL 32085
Title	TREASURER / DIRECTOR	Title	CHAPLIN / DIRECTOR
Name	COZBY, RICHARD	Name	BAKER, DAVID
Address	P.O. BOX 4571	Address	P.O. BOX 4571
City-State-Zip:	ST AUGUSTINE FL 32085	City-State-Zip:	ST AUGUSTINE FL 32085

*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: RICHARD COZBY

TREASURER

02/03/2021

Electronic Signature of Signing Officer/Director Detail

Date