

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N14000010807

**FILED**  
**Jan 31, 2016**  
**Secretary of State**  
**CC9889852864**

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

**Current Principal Place of Business:**

16 MARSHVIEW DRIVE  
ST AUGUSTINE, FL 32080-9182

**Current Mailing Address:**

PO BOX 4571  
ST AUGUSTINE, FL 32085-4571 US

**FEI Number: 47-2563947**

**Certificate of Status Desired: No**

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

MOUNTCASTLE, JOHN A  
16 MARSHVIEW DRIVE  
ST AUGUSTINE, FL 32080-9182 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: JOHN A. MOUNTCASTLE**

**01/31/2016**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PRESIDENT, DIRECTOR

Name LINDARDOS, GEORGE

Address PO BOX 4571

City-State-Zip: ST AUGUSTINE FL 32085-4571

Title PAST PRESIDENT, DIRECTOR

Name ERKELENS, HENRI F

Address PO BOX 4571

City-State-Zip: ST AUGUSTINE FL 32085-4571

Title FIRST VICE PRESIDENT, DIRECTOR

Name BIRCHALL, RON

Address PO BOX 4571

City-State-Zip: ST AUGUSTINE FL 32085-4571

Title SECOND VICE PRESIDENT, DIRECTOR

Name STRATMANN, CHARLES

Address PO BOX 4571

City-State-Zip: ST AUGUSTINE FL 32085-4571

Title TREASURER, DIRECTOR

Name MOUNTCASTLE, JOHN A

Address PO BOX 4571

City-State-Zip: ST AUGUSTINE FL 32085-4571

Title ASSISTANT TREASURER, DIRECTOR

Name MC CREA, GEORGE

Address PO BOX 4571

City-State-Zip: ST AUGUSTINE FL 32085-4571

Title DIRECTOR

Name METZ, HARRY

Address PO BOX 4571

City-State-Zip: ST AUGUSTINE FL 32085-4571

Title DIRECTOR

Name REEP, BEN

Address PO BOX 4571

City-State-Zip: ST AUGUSTINE FL 32085-4571

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*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: JOHN A MOUNTCASTLE**

**TREASURER**

**01/31/2016**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name HANCHETT, JERRY  
Address PO BOX 4571  
City-State-Zip: ST AUGUSTINE FL 32085-4571

Title DIRECTOR  
Name NAFTZINGER, JOSEPH  
Address PO BOX 4571  
City-State-Zip: ST AUGUSTINE FL 32085-4571

Title DIRECTOR  
Name GIRVAN, DON  
Address PO BOX 4571  
City-State-Zip: ST AUGUSTINE FL 32085-4571