

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000001356

Entity Name: MILITARY OFFICERS ASSOCIATION OF AMERICA, CITRUS COUNTY CHAPTER, INCORPORATED**Current Principal Place of Business:**517 E. EPSOM CT.
HERNANDO, FL 34442-9300**Current Mailing Address:**POST OFFICE BOX 995
INVERNESS, FL 34451-0995**FEI Number: 59-3180300****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**ECHLIN, JAMES E.
517 E. EPSOM CT.
HERNANDO, FL 34442-9300 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: JAMES E. ECHLIN****02/08/2013**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRESIDENT
Name	COONEY, NORMAN R
Address	1610 N. JIMMIE FOXX PATH
City-State-Zip:	HERNANDO FL 34442-5181

Title	D
Name	TRUAX, ROBERT C
Address	801 N BERLIN POINT
City-State-Zip:	INVERNESS FL 34453

Title	T
Name	GREEN, THOMAS
Address	6160 N WHITE PALM WAY
City-State-Zip:	BEVERLY HILLS FL 34456-2581

Title	D
Name	MCLEOD, CARLTON
Address	670 W PEARSON STREET
City-State-Zip:	HERNANDO FL 34442-4879

Title	S
Name	RUNYON, GARY E
Address	2905 N PENNSYLVANIA AVE
City-State-Zip:	CRYSTAL RIVER FL 34428

Title	D
Name	RESARE, RONALD A
Address	1881 EAST FLETCHER STREET
City-State-Zip:	HERNANDO FL 34442

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: NORMAN R. COONEY**PRESIDENT****02/08/2013**

Electronic Signature of Signing Officer/Director Detail

Date