



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2008 8:00 am
Secretary of State

01-29-2008 90005 016 ****70.00

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|--|---|---|--|--|--|
| DOCUMENT # 700438 1. Entity Name THE ST. PETERSBURG AREA CHAPTER MILITARY OFFICERS ASSOCIATION OF AMERICA, INC. | | | |  | |
| Principal Place of Business P.O. BOX 7054 ST PETERSBURG, FL 33734 US | | | Mailing Address P.O. BOX 7054 ST PETERSBURG, FL 33734 US | | |
| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | |  | |
| City & State Zip Country | | City & State Zip Country | | 4. FEI Number 59-6202290 | |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 6. Name and Address of Current Registered Agent BURRELL, BASIL V 519 APPUAN WAY N.E. SAINT PETERSBURG, FL 33704 | | | 7. Name and Address of New Registered Agent Name FERNALD, LAURANCE N. Street Address (P.O. Box Number is Not Acceptable) 582 QUINTANA PL NE City ST PETERSBURG FL Zip Code 33703 | | |
| 8. 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. I am familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE <u>LAURANCE N. FERNALD</u> <i>Laurence N Fernald</i> <u>1/24/2008</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2008 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | Make check payable to Florida Department of State | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PD FREESE, DONALD R 4813 MIRABELLA CT. SAINT PETERSBURG, FL 33706 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | PD FERNALD, LAURANCE N. 582 QUINTANA PLACE NE ST PETERSBURG, FL 33703 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VD NEVILLE, ALBERT R 1467-52ND AVE N.E SAINT PETERSBURG, FL 33703 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | VD LILLICH, EDWARD R 6530 68TH ST N PINELLAS PARK, FL 33781 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | SD BURRELL, BASIL V 519 APPUAN WAY N.E SAINT PETERSBURG, FL 33704 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | SD BENSON, DOROTHY K. 1892 62ND TERRACE S ST PETERSBURG, FL 33712 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | TD DAWSON, PETER J 959 EDEN ISLE DR. N.E. SAINT PETERSBURG, FL 33704 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | (Empty) | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | (Empty) | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | VD MUGAN, JANICE L. 5610 DARTMOUTH AVE N ST PETERSBURG, FL 33710 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | (Empty) | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | (Empty) | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | | | |
| SIGNATURE: <u>Peter J. Dawson</u> PETER J. DAWSON JAN 18, 2008 727-894-3761 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |