


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2007 8:00 am
Secretary of State

04-04-2007 90166 045 ****70.00

DOCUMENT # 714587 1. Entity Name CALUSA CHAPTER OF MILITARY OFFICERS ASSOCIATION, INC.					
Principal Place of Business 1228 SW 26TH STREET CAPE CORAL, FL 33914			Mailing Address PO BOX 100508 CAPE CORAL, FL 33910 US		
2. Principal Place of Business - No P.O. Box # 2104 EVEREST PKWY		3. Mailing Address Suite, Apt. #, etc.			
City & State CAPE CORAL, FL		City & State Suite, Apt. #, etc.		4. FEI Number 23-7229224	
Zip 33904		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PEPPERS, GARY L 1228 SW 26TH STREET CAPE CORAL, FL 33914			7. Name and Address of New Registered Agent Name WILLIAM R. INTIHAR Street Address (P.O. Box Number is Not Acceptable) 2104 EVEREST PKWY City CAPE CORAL FL Zip Code 33904		
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><i>William R. Intihar</i></u> DATE <u>4/1/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		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 PEPPERS, GARY L 1228 SW 26TH STREET CAPE CORAL, FL 33914	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WILLIAM R. INTIHAR 2104 EVEREST PKWY CAPE CORAL FL 33904	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TUBBS, THOMAS W 12839 VISTA PINE CIRCLE FORT MYERS, FL 33913	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GARY L. PEPPERS 1228 SW 26TH ST CAPE CORAL FL 33914	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SURICO, GAIL 13851 EAGLE RIDGE LAKES DRIVE FORT MYERS, FL 33912	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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><i>Gary L. Peppers</i></u> GARY L. PEPPERS <u>3/26/2007</u> <u>(239) 242-0806</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					