


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 07, 2006 8:00 am
Secretary of State

08-07-2006 90041 025 ****61.25

DOCUMENT # 718348 1. Entity Name MILITARY OFFICERS ASSOCIATION OF AMERICA, IMPERIAL POLK COUNTY CHAPTER, INC.					
Principal Place of Business 4922 WHITEOAK DR W LAKELAND, FL 33813-2047			Mailing Address P.O. BOX 3911 LAKELAND, FL 33802		
2. Principal Place of Business 6550 CREWS LAKE HILLS LP E.		3. Mailing Address Suite, Apt. #, etc.			
City & State LAKELAND FL		City & State			
Zip 33813		Country USA		Zip Country	
6. Name and Address of Current Registered Agent GRARNER, GEORGE 4922 WHITE OAK DR. W. LAKELAND, FL 33813-2047				7. Name and Address of New Registered Agent Name KENNETH E. KRAUSE, SR Street Address (P.O. Box Number is Not Acceptable) 6550 CREWS LAKE HILLS LP E. City LAKELAND FL Zip Code 33813	
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 KENNETH E. KRAUSE, SR <i>[Signature]</i> 31 JUL 06 <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 September 6, 2006		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	STD GARNER, GEORGE 4922 WHITEOAK DRIVE WEST LAKELAND, FL 338132047	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD KENNETH E. KRAUSE, SR 6550 CREWS LAKE HILLS LOOP EAST LAKELAND FL 33813	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WORTMAN, JOSEPH B 5063 WINDOVER LANE LAKELAND, FL 33813	<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	D CLARK, GARY COL 2613 TWELVE POINT DRIVE LAKELAND, FL 33811	<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	PD SELVAGE, COL DONALD R 4493 FAIRWAY OAKS DRIVE MULBERRY, FL 33860	<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	VPD BODE, GEORGE 500 SOUTH FLORIDA AVE., 8TH FLOOR LAKELAND, FL 33801	<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	D FELLNER, RON 5121 ST. LUCIA DR. LAKELAND, FL 33813	<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: <i>[Signature]</i> 8/3/2006 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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07302006 Chg-NP CR2E037 (4/06)

4. FEI Number
23-7333103

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required