

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 08, 2007 8:00 am
Secretary of State

02-08-2007 90055 013 ****61.25

DOCUMENT # 718348

1. Entity Name

**MILITARY OFFICERS ASSOCIATION OF AMERICA,
IMPERIAL POLK COUNTY CHAPTER, INC.**



Principal Place of Business

Mailing Address

6550 CREWS LK HILLS LP E.
LAKELAND FL 33813

P.O. BOX 3911
LAKELAND FL 33802



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

23-7333103

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KRAUSE, KENNETH E SR
6550 CREWS LAKE HILLS LP E.
LAKELAND FL 33813**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

[Signature]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when registering)

1/29/07

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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
KRAUSE, KENNETH E SR
6550 CREWS LAKE HILLS LOOP EAST
LAKELAND FL 33813 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
D
WORTMAN, JOSEPH B
5063 WINDOVER LANE
LAKELAND FL 33813 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
D
CLARK, GARY COL
2613 TWELVE POINT DRIVE
LAKELAND FL 33811 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
PD
SELVAGE, COL DONALD R
4493 FAIRWAY OAKS DRIVE
MULBERRY FL 33860 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
D ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
VPD ☒ Delete
BODE, GEORGE
500 SOUTH FLORIDA AVE., 8TH FLOOR
LAKELAND FL 33801

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
PD ☐ Change ☒ Addition
MCDONOUGH, JOSEPH
7530 GUNSTOCK DRIVE
LAKELAND FL 33809

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
D
FELLNER, RON
5121 ST. LUCIA DR.
LAKELAND FL 33813 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/07

863-701-7049

Date

Daytime Phone #