

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 17, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # 718348**

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



Principal Place of Business  
**6550 CREWS LK HILLS LP E.  
LAKELAND, FL 33813**

Mailing Address  
**P.O. BOX 3911  
LAKELAND, FL 33802**



01152008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

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**

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

**DO NOT WRITE  
IN THIS SPACE**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**000000787238  
01/17/08-80073-015 61.25**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**STD  
KRAUSE, KENNETH E SR  
6550 CREWS LAKE HILLS LOOP EAST  
LAKELAND, FL 33813**

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
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**

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**KENNETH E. KRAUSE**

**15 JAN 08 8637017049**

Date

Daytime Phone #