

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

02-25-2004 90030 029 *****61724
FILE # 736404

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



MOORE CR2E037 (11/03)

DOCUMENT # 736404 1. Entity Name TREASURE COAST CHAPTER MILITARY OFFICERS ASSOCIATION OF AMERICA, INC.					
Principal Place of Business 5919 ALEXANDRIA CIRCLE FORT PIERCE FL 34982-3916 US		Mailing Address * 5919 ALEXANDRIA CIRCLE FORT PIERCE FL 34982-3916 US			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 51-0187059	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WHITE, DONALD J. 5919 ALEXANDRIA CIRCLE FORT PIERCE FL 34982-3916				7. Name and Address of New Registered Agent	
				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		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	V LARSEN, JOHN W 2950 E OCEAN BLVD STUART FL 34996	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT WILLIAM A. JENKINS 437 SW JEFFERSON CIRCLE PORT SAINT LUCIE, FL 34986-2118 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WHITE, DONALD J 5919 ALEXANDRIA CIRCLE FORT PIERCE FL 34982-3916	<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	VP ROUSE, EARL J 2506 GREY TWIG LN FORT PIERCE FL 34981	<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 SIDONS, FREDERIC A 157 SE CALMOSA DR. PORT SAINT LUCIE FL 34983	<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	ROEHRIG, RICHARD 254 BERMUDA BEACH DRIVE FORT PIERCE FL	<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 PAYNE, COURTNEY 2207 NW PINE LAKE DR. STUART FL 34994	<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 exemption stated in Section 119.07(3)(i), 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, which at the time is empowered.					
SIGNATURE: <u>Donald J. White</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: <u>10 Feb 04</u>		Daytime Phone #: <u>772-595-6624</u>