

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 24, 2005 8:00 am**  
**Secretary of State**

02-24-2005 90028 014 \*\*\*\*61.25

<b>DOCUMENT # 736404</b> 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		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01232005 Chg-NP CR2E037 (10/03) 4. FEI Number 51-0187059	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
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 _____ <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b> <b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JENKINS, WILLIAM A <input type="checkbox"/> Delete 437 SW JEFFERSON CIRCLE PORT SAINT LUCIE, FL 349862118		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition TUTTILL, AUDREY 2292 SW. EDISON CIRCLE PORT SAINT LUCIE, FL 34953-2919	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WHITE, DONALD J <input type="checkbox"/> Delete 5919 ALEXANDRIA CIRCLE FORT PIERCE, FL 349823916		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 <input type="checkbox"/> Delete 2506 GREY TWIG LN FORT PIERCE, FL 34981		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 <input type="checkbox"/> Delete 157 SE CALMOSA DR. PORT SAINT LUCIE, FL 34983		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ROEHRIG, RICHARD <input type="checkbox"/> Delete 254 BERMUDA BEACH DRIVE FORT PIERCE, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete PAYNE, COURTNEY 2207 NW PINE LAKE DR. STUART, FL 34994		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, with all other like empowerments.					
SIGNATURE: <u>DONALD J. WHITE</u> <i>Secretary</i> <b>22 FEB 2005</b> <b>772-595-6621</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					