


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2006 8:00 am
Secretary of State

01-27-2006 90036 024 ****61.25

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
1506 SW Balmoral Trace

3. Mailing Address
1506 SW Balmoral Trace

Suite, Apt. #, etc.



01052008 Chg-NP CR2E037 (11/05)

City & State
Stuart FL

City & State
Stuart FL

Zip
34997

Country
Martin

4. FEI Number
51-0187059

Applied For
 Not Applicable

5. Certificate of Status Desired **\$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
FADDEN DENNIS L

Street Address (P.O. Box Number is Not Acceptable)
1506 SW BALMORAL TRACE

City
STUART

FL Zip Code
34997

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]* DATE **25 Jan 2006**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
 Due by May 1, 2006**

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JENKINS, WILLIAM A 437 SW JEFFERSON CIRCLE PORT SAINT LUCIE, FL 349862118	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WHITE, DONALD J 5919 ALEXANDRIA CIRCLE FORT PIERCE, FL 349823916	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ROUSE, EARL J 2506 GREY TWIG LN FORT PIERCE, FL 34981	<input checked="" type="checkbox"/> Delete
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	D ROEHRIG, RICHARD 254 BERMUDA BEACH DRIVE FORT PIERCE, FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TUTHILL, AUDREY 2292 SW EDISON CIRCLE PORT SAINT LUCIE, FL 34953	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY FADDEN, DENNIS L 1506 SW BALMORAL TRACE STUART, FL 34997	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR WINN, CHARLES 1520 NW LAKESIDE TRAIL STUART FL 34994	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR WEBSTER, JULIA 4856 SE MANATEE COVE STUART FL 34997	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR PARRILLO, DOROTHY 141 SW PALM DRIVE #303 PORT ST LUCIE FL 34986	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER FAMEY CAROL 1316 BAYSHORE DRIVE FORT PIERCE FL 34949	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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: *William A. Jenkins* DATE: **21 Jan 2006** DAYTIME PHONE #: **772-344-9808**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WILLIAM A. JENKINS