

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 736404

FILED  
Mar 20, 2009  
Secretary of State

**Entity Name:** TREASURE COAST CHAPTER MILITARY OFFICERS ASSOCIATION OF AMERICA, INC.

**Current Principal Place of Business:**

1310 BAYSHORE DRIVE  
FORT PIERCE, FL 34949 US

**New Principal Place of Business:**

**Current Mailing Address:**

1310 BAYSHORE DRIVE  
FORT PIERCE, FL 34949 US

**New Mailing Address:**

**FEI Number:** 51-0187059

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FAHEY, CAROLE A  
1310 BAYSHORE DRIVE  
FORT PIERCE, FL 34949 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: ARMSTRONG, WILLIAM  
Address: 2860 YATES ROAD  
City-St-Zip: FORT PIERCE, FL 34981

Title: D ( ) Delete  
Name: FADDEN, DENNIS L  
Address: 1506 SW BALMORAL TRACE  
City-St-Zip: STUART, FL 34997

Title: VP ( ) Delete  
Name: IRVIN, JACK  
Address: 699 SW LAKEHURST DRIVE  
City-St-Zip: PORT ST LUCIE, FL 34983

Title: D ( ) Delete  
Name: JENKINS, WILLIAM  
Address: 1725 A MARINER'S COVE  
City-St-Zip: FORT PIERCE, FL 34950

Title: D ( ) Delete  
Name: SIDONS, FREDERIC A  
Address: 543 NE SAPPHIRE WAY  
City-St-Zip: JENSEN BEACH, FL 34957

Title: T ( ) Delete  
Name: FAHEY, CAROLE A  
Address: 1310 BAYSHORE DRIVE  
City-St-Zip: FORT PIERCE, FL 34949

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S (X) Change ( ) Addition  
Name: PARRILLO, DOROTHY  
Address: 5465 NW LIGON CIRCLE  
City-St-Zip: PORT ST LUCIE, FL 34983

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAROLE A FAHEY

T

03/20/2009

Electronic Signature of Signing Officer or Director

Date