

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Mar 20, 2009
Secretary of State**

DOCUMENT# 736404

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: SIDDON, 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