


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90826 019 \*\*\*\*61.25

<b>DOCUMENT # 739136</b> 1. Entity Name <b>MILITARY OFFICERS ASSOCIATION OF AMERICA - BROWARD COUNTY CHAPTER, INC.</b>					
Principal Place of Business <b>BROWARD COUNTY BROWARD COUNTY, FL</b>			Mailing Address <b>P.O. BOX 8552 DEERFIELD BEACH, FL 33443 US</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip		City & State  Zip		Country	
4. FEI Number <b>65-0225164</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>TRICHILO, SAM J 10924 NORTHWEST 41 DRIVE CORAL SPRINGS, FL 33065</b>			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>TRICHILO, SAM J</b> <b>10924 NORTHWEST 41 DRIVE</b> <b>CORAL SPRINGS, FL 33065</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>2VPD</b> <b>KLEIN, HARRIS</b> <b>16336 NORTHWEST 11 STREET</b> <b>PEMBROKE PINES, FL 33028</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>3VPD</b> <b>FITZGERALD, THOMAS A</b> <b>200 SOUTH BIRCH ROAD</b> <b>FORT LAUDERDALE, FL 33316</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>WILLIAMS, JULIAN L</b> <b>658 VILLAGE DRIVE</b> <b>POMPANO BEACH, FL 33060</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TDZ</b> <b>RADOY, CHARLES H</b> <b>1150 HILLSBORO MILE # 703</b> <b>HILLSBORO BEACH, FL 33062</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>2ND</b> <b>CLARK, JOSEPH M</b> <b>7955 NW 5TH COURT 5B/206</b> <b>MARGATE, FL 33063</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>3VD</b> <b>ROSS, JOHN P</b> <b>2250 NE 26TH ST, LIGHTHOUSE POINT, FLA 33064</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>1VD</b> <b>SMILEY, JOHN A JR</b> <b>2510 NW 115TH AVENUE</b> <b>CORAL SPRINGS, FL 33065</b>	<input type="checkbox"/> Change <input checked="" 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: <u>Julian L. Williams / JULIAN L. WILLIAMS</u> <u>4/26/2007</u> <u>954.962.3552</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <small>SECRETARY</small> <small>Date</small> <small>Daytime Phone #</small>					