

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 743579

FILED  
Feb 01, 2005  
Secretary of State

**Entity Name:** NORTHWEST FLORIDA MILITARY OFFICERS ASSOCIATION, INC.

**Current Principal Place of Business:**

4143 CALLAWAY DR  
P.O. BOX 310  
FT WALTON BCH, FL 325490310

**New Principal Place of Business:**

**Current Mailing Address:**

4143 CALLAWAY DR  
P.O. BOX 310  
FT WALTON BCH, FL 325490310

**New Mailing Address:**

**FEI Number:** 23-7434498

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ARPKE, CHARLES K  
4143 CALLAWAY DR  
NICEVILLE, FL 325781780 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: PD ( ) Delete  
Name: THOMAS, E. GORDON  
Address: 7312 FOREST SHORES DR  
City-St-Zip: MARY ESTHER, FL 325692704

Title: SD ( ) Delete  
Name: ARPKE, CHARLES K  
Address: 4143 CALLAWAY DR  
City-St-Zip: NICEVILLE, FL 325781780

Title: VD ( ) Delete  
Name: MCCARTHY, JAMES F  
Address: 200 WYNNHAVEN BCH RD  
City-St-Zip: MARY ESTHER, FL 325692717

Title: D ( ) Delete  
Name: MANN, F W JR  
Address: 630 MERIONETH DR  
City-St-Zip: FT WALTON BCH, FL 32547-175

Title: VD ( ) Delete  
Name: DALE, JACK  
Address: 155 COUNTRY CLUB RD  
City-St-Zip: SHALIMAR, FL 325791636

Title: TD ( ) Delete  
Name: RYAN, WILLIAM F  
Address: 622 OVERBROOK DR.  
City-St-Zip: FORT WALTON BEACH, FL 325473548

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

Title: PD (X) Change ( ) Addition  
Name: MCCARTHY, SR, JAMES F  
Address: 200 WYNNHAVEN BEACH ROAD  
City-St-Zip: MARY ESTHER, FL 325692717

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

Title: VD (X) Change ( ) Addition  
Name: DALE, JACK  
Address: 155 COUNTRY CLUB ROAD  
City-St-Zip: SHALIMAR, FL 325791636

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

Title: VD (X) Change ( ) Addition  
Name: TURKELSON, MORRIS J  
Address: 1219 WHITEWOOD WAY  
City-St-Zip: NICEVILLE, FL 325784217

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: CHARLES K ARPKE

SEC

02/01/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date