

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 743579

FILED
Jan 07, 2006
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:

4143 CALLAWAY DR
NICEVILLE, FL 325781780

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: MCCARTHY, SR, JAMES F
Address: 200 WYNNHAVEN BEACH ROAD
City-St-Zip: MARY ESTHER, FL 325692717

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

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

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: TURKELSON, MORRIS J
Address: 1219 WHITEWOOD WAY
City-St-Zip: NICEVILLE, FL 325784217

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: () 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:

Title: D (X) Change () Addition
Name: FELDMANN, JOHN E
Address: 212 COUNTRY CLUB RD
City-St-Zip: SHALIMAR, FL 325792216

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 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: CHARLES K. ARPKE

SD

01/07/2006

Electronic Signature of Signing Officer or Director

Date