2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2007 8:00 am
Secretary of State
02-12-2007 90088 048 ****61.25

DOCUMENT # 743579

1. Entity Name
NORTHWEST FLORIDA MILITARY OFFICERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
4143 CALLAWAY DR P.O. BOX 310 FT WALTON BCH, FL 32549-0310	4143 CALLAWAY DR NICEVILLE, FL 32578-1780

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
622 Overbrook Dr	622 Overbrook Dr
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Fort Walton Beach, FL	City & State: Fort Walton Beach, FL
Zip: 32547-3548 Country	Zip: 32547-3548 Country

02072007 Chg-NP CR2E037 (12/06)

4. FEI Number 23-7434498 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ARPKE, CHARLES K 4143 CALLAWAY DR NICEVILLE, FL 32578-1780	Name: William F. Ryan Street Address (P.O. Box Number is Not Acceptable): 622 Overbrook Dr City: Fort Walton Beach FL Zip Code: 32547-3548

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: William F Ryan — William F. Ryan, Treasurer — February 7, 2007
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MCCARTHY, SR, JAMES F 200 WYNNHAVEN BEACH ROAD MARY ESTHER, FL 325692717	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Dale, Jack 155 Countrry Club Rd Shalimar, FL 32579-1636	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD ARPKE, CHARLES K 4143 CALLAWAY DR NICEVILLE, FL 325781780	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD DALE, JACK 155 COUNTRY CLUB ROAD SHALIMAR, FL 325791636	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD Hill, Howard J 2403 Parker Dr Niceville, FL 32578-2316	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MANN, F W JR 630 MERIONETH DR FT WALTON BCH, FL 32547-175	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FELDMANN, JOHN E 212 COUNTRY CLUB RD SHALIMAR, FL 325792216	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD RYAN, WILLIAM F 622 OVERBROOK DR FORT WALTON BEACH, FL 325473548	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: William F Ryan — February 7, 2007 (850) 314-7862