

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2007 8:00 am
Secretary of State

01-22-2007 90083 001 ****70.00

DOCUMENT # 747973

1. Entity Name
**MILITARY OFFICER'S ASSOCIATION OF AMERICA, CAPE
CANAVERAL CHAPTER, INC.**



Principal Place of Business
**CAPE CANAVERAL CHAPTER, MORA
P. O. BOX 254186
PATRICK AFB, FL 32925**

Mailing Address
**CAPE CANAVERAL CHAPTER, MORA
P. O. BOX 254186
PATRICK AFB, FL 32925**

40003550



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01182007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-1711052

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**PATTERSON, MICHAEL O
1550 INDEPENDANCE AVE
MELBOURNE, FL 32940**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

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 **TD** ☐ Delete
NAME **PATTERSON, MICHAEL O**
STREET ADDRESS **1550 INDEPENDANCE DR**
CITY-ST-ZIP **MELBOURNE, FL 32940**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PD** ☐ Delete
NAME **KEENEY, WILLIAM E**
STREET ADDRESS **548 MAJORCA CT.**
CITY-ST-ZIP **SATELLITE BEACH, FL 32937**

TITLE **D** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VD** ☐ Delete
NAME **JESSEN, WERNER N**
STREET ADDRESS **900 COMDRANT CT.**
CITY-ST-ZIP **ROCKLEDGE, FL 32955**

TITLE **P/O** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Delete
NAME **ABBOT, MARLENE**
STREET ADDRESS **1482 WELLINGTON CIRCLE**
CITY-ST-ZIP **ROCKLEDGE, FL 32955**

TITLE **V/O** ☐ Change ☒ Addition
NAME **JOHN, ROBERT E.**
STREET ADDRESS **2551 CANTENBURY CIR.**
CITY-ST-ZIP **ROCKLEDGE, FL 32955**

TITLE **VD** ☐ Delete
NAME **FRANKLIN, BILL**
STREET ADDRESS **473 KIMBERLY DR**
CITY-ST-ZIP **MELBOURNE, FL 32940**

TITLE **D** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Delete
NAME **KRONEBUSCH, ROBERT M**
STREET ADDRESS **675 MARK RANDY DR.**
CITY-ST-ZIP **SATELLITE BEACH, FL 32937**

TITLE **S/O** ☐ Change ☒ Addition
NAME **DUNAGAN, FRANK M.**
STREET ADDRESS **3221 S. ATLANTIC AVE. APT. 603**
CITY-ST-ZIP **CUCOA BEACH, FL 32931**

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: Michael O. Patterson **MICHAEL O. PATTERSON** 1-18-07 **(321) 259-2438**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT 40003550

747523

ADDITIONS TO OFFICERS AND DIRECTORS IN ITEM 10

D

Lundgren, Duwayne
448 Saint Georges Ct.
Satellite Beach, FL 32937

V/D

Brandon, Bill.
1832 Independence Ave.
Melbourne, FL 32940

D

Swank, Roderick D.
1572 Pioneer Drive
Melbourne, FL. 32940

D

Tidball, Evelyn
3653 Long Leaf Drive
Melbourne, FL 32940

S/D

Folley, Andrew G.
1114 Egret Lake W
Beach, FL 32937

D

Mayle, Arthur E.
P. O. Box 372179
Satellite Beach, FL 32937