

2010 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 747973

FILED
Sep 29, 2010
Secretary of State

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

Current Principal Place of Business:

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

New Principal Place of Business:

MOAA CAPE CANAVERAL CHAPTER, INC.
P. O. BOX 254186
PATRICK AFB, FL 32925 US

Current Mailing Address:

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

New Mailing Address:

MOAA CAPE CANAVERAL CHAPTER, INC.
P. O. BOX 254186
PATRICK AFB, FL 32925 US

FEI Number: 59-1711052

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

TURNER, STEVEN G
2065 MONA COURT
MERRITT ISLAND, FL 32952 US

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: STEVEN G. TURNER

09/29/2010

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TD
Name: TURNER, STEVEN G
Address: 2065 MONA COURT
City-St-Zip: MERRITT ISLAND, FL 32952 US

Title: P
Name: OBLACK, JOSEPH J
Address: 2631 LITTLE BEND PLACE
City-St-Zip: MERRITT ISLAND, FL 32952 US

Title: 1VP
Name: NEUGEBAUER, SUSAN B
Address: 1658 INDEPENDENCE AVENUE
City-St-Zip: MELBOURNE, FL 32940 US

Title: 2VP
Name: YELLE, COURTNEY A
Address: 2001 JULEP DRIVE
City-St-Zip: COCOA BEACH, FL 32931

Title: DIR
Name: JOY, ERNEST H
Address: 1421 LAGO MAR DRIVE
City-St-Zip: MELBOURNE, FL 32940

Title: SD
Name: COTE, ROBERT R
Address: 2950 LECONTE STREET
City-St-Zip: VIERA, FL 32940

I hereby 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 all other like empowered.

SIGNATURE: STEVEN G. TURNER

TD

09/29/2010

Electronic Signature of Signing Officer or Director

Date