2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2008 8:00 am
Secretary of State
02-19-2008 90028 019 ****61.25

DOCUMENT # 749755

1. Entity Name
THE FLORIDA COUNCIL OF CHAPTERS OF MILITARY OFFICERS ASSOCIATION OF AMERICA, INC.

Principal Place of Business	Mailing Address
10110 118TH WAY N SEMINOLE, FL 33772 US	25 BEAUMONT LN FLAGLER BEACH, FL 32136-4358 US

02132008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
5103 CALUSA CT.	5103 CALUSA CT.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: CAPE CORAL, FL	City & State: CAPE CORAL FL.
Zip: 33904 Country: US	Zip: 33904 Country: U.S.

4. FEI Number: 59-2222828 ☐ 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
SHIELDS, ROGER J 10110 118TH WAY N SEMINOLE, FL 33772	Name: JAMES CONNER Street Address (P.O. Box Number is Not Acceptable): 5103 CALUSA CT City: CAPE CORAL FL Zip Code: 33904

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: JAMES CONNOR — 14 FEB 08
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, 2008

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 MONK, BILL 3132 STERLING ST TARPON SPRINGS, FL 34689	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD TROY, SCOTT 841 FORESTVIEW CT SARASOTA, FL 34232	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD KNUTSON, DONALD 3242 ELK LN SPRING HILL, FL 34606	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD SHIELDS, ROGER J 19110 118TH WAY N SEMINOLE, FL 33772	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD CONNER, JAMES 5103 CALUSA CT. CAPE CORAL, FL 33904 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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: DONALD KNUTSON — 14FEB08 — (352) 686-9379
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #