

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 11, 2005 8:00 am**  
**Secretary of State**

04-11-2005 90154 038 \*\*\*\*61.25

<b>DOCUMENT # 760385</b>					
<b>1. Entity Name</b> CHARLOTTE HARBOR CHAPTER, INC., MILITARY OFFICERS ASSOCIATION OF AMERICA					
<b>Principal Place of Business</b> 220 HARBOR BLVD PORT CHARLOTTE, FL 33954 US			<b>Mailing Address</b> TROA P.O. BOX 511851 PUNTA GORDA, FL 33951-1851 US		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 59-2138633	
<b>5. Certificate of Status Desired.</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
REED, ERIC 220 HARBOR BLVD PORT CHARLOTTE, FL 33954			<b>Name</b> Strang, Olsen & Lynch CPAs, PA		
			<b>Street Address (P.O. Box Number is Not Acceptable)</b> 103 W Marion Ave		
			<b>City</b> Punta Gorda, FL 33950 FL		
			<b>Zip Code</b>		
<b>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.</b>					
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating)					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
				<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> P <b>NAME</b> STEVENSON, OTTO I <b>STREET ADDRESS</b> P.O. BOX 510283 <b>CITY-ST-ZIP</b> PUNTA GORDA, FL 339510283	<input type="checkbox"/> Delete		<b>TITLE</b> P <b>NAME</b> Svenson, Ivar <b>STREET ADDRESS</b> PO Box 510283 <b>CITY-ST-ZIP</b> Punta Gorda, FL 33950	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> T <b>NAME</b> OLSEN, RON <b>STREET ADDRESS</b> PO BOX 510820 <b>CITY-ST-ZIP</b> PUNTA GORDA, FL 339510820	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> 2VP <b>NAME</b> HARREL, GARY <b>STREET ADDRESS</b> 1133 BAY HARBOR <b>CITY-ST-ZIP</b> PUNTA GORDA, FL 33950	<input type="checkbox"/> Delete		<b>TITLE</b> 2VP <b>NAME</b> Nielson, Christ <b>STREET ADDRESS</b> 101 Tropicana Dr <b>CITY-ST-ZIP</b> Punta Gorda, FL 33950	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> IVP <b>NAME</b> HARREL, GARY <b>STREET ADDRESS</b> 1133 BAL HARBOR <b>CITY-ST-ZIP</b> PUNTA GORDA, FL 33950	<input type="checkbox"/> Delete		<b>TITLE</b> 1VP <b>NAME</b> Mingle, Norman <b>STREET ADDRESS</b> 1573 Faraday Street <b>CITY-ST-ZIP</b> Port Charlotte, FL 33952	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> DABROWSKI, CHARLES <b>STREET ADDRESS</b> 2120 VIA VENICE <b>CITY-ST-ZIP</b> PUNTA GORDA, FL 33950	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> SD <b>NAME</b> MULKEY, FRANK <b>STREET ADDRESS</b> 1750 JAMAILA WAY 222 <b>CITY-ST-ZIP</b> PUNTA GORDA, FL 33955	<input type="checkbox"/> Delete		<b>TITLE</b> S <b>NAME</b> Neitzke, Robert <b>STREET ADDRESS</b> 10323 Arrowhead <b>CITY-ST-ZIP</b> Punta Gorda, FL 33955	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.</b>					
<b>SIGNATURE:</b> _____			Date: 3/31/05		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					