## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT #760385**

1. Entity Name

CHARLOTTE HARBOR CHAPTER, INC., MILITARY OFFICERS ASSOCIATION OF AMERICA



FILED Jul 17, 2006 8:00 am Secretary of State

07-17-2006 90139 015 \*\*\*\*61.25

Principal Place of Business 220 HARBOR BLVD TROA PORT CHARLOTTE, FL 33954 US P.O. BOX 511851 PUNTA GORDA, FL 3395						1-1851 US									
Principal Place of Business     A. Mailing A.				ing Address	Address										
Suite, Apt. #, etc.				Suite, Apt. #, etc.				0710200	6 Ch	ng-NP		CR2E	37 (4/06)		
City & State			City & State					4. FEI Number 59-2138633					<del></del>	pplied For ot Applicable	
Zip Country			Zip	Zip Cou			5. Certificate of			atus Des	ired		\$8.75 Ad Fee Require		
	6. Name	and Address of Current	Registere	d Agent				7. Name a	nd Add	ress of N	Vew Reg	istered .	Agent		
STRANG	OL SENLS	I VNCH CDAS DA				Name									
STRANG, OLSEN & LYNCH CPAS, PA 103 W MARION AVE PUNTA GORDA, FL 33950						Street A	Street Address (P.O. Box Number is Not Acceptable)								
-						City							Zip Coo	de	
<u> </u>												FL	·		
	named entity ions of regist	y submits this statement for ered agent.	r the purpo	ose of changing its	registere	ed office o	r registere	ed agent, or	both, in	the State	of Floric	da. Iam	familiar with	, and accept	
SIGNATURE .		or printed name of registered agent	and title if app	ticable. (NOTE	Registere	d Agent signal	ture required w	vhen reinstating)				DATE		<u> </u>	
1									<del></del>					i	
Filing Fee is \$61.25 Due by September 6, 2006				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 DIF	RECTORS		11.		ΑI	DDITIONS/C	CHANGE	ES TO OF	FFICERS	AND DI	RECTORS II	V 10	
TITLE	Р	OFFICERS AND DIF	RECTORS	☐ Delete	11.		A	DDITION\$/0	CHANGE	ES TO OF	FFICERS	AND DI	RECTORS II Change	10 Addition	
NAME	SVENSON	N, IVAR	RECTORS	☐ Delete	TITLE	Ē	A	DDITIONS/0	CHANGE	ES TO OF	FFICERS	AND DI		·	
NAME STREET ADDRESS	SVENSON PO BOX 5	N, IVAR 510283	RECTORS	☐ Delete	TITLE NAMI STRE	ET ADDRESS	A	DDITIONS/C	CHANGE	ES TO OF	FFICERS	AND DI			
NAME STREET ADDRESS CITY-ST-ZIP	SVENSON PO BOX 5 PUNTA G	N, IVAR	RECTORS	~	TITLE NAMI STRE CITY	ET ADDRESS -ST-ZIP	AL	DDITIONS/0	CHANGE	ES TO OF	FFICERS	S AND DI	☐ Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP	SVENSON PO BOX 5 PUNTA G	N, IVAR 510283 ORDA, FL 33950	RECTORS	☐ Delete	TITLE NAMI STRE CITY	ET ADDRESS -ST-ZIP	A	DDITIONS/0	CHANGE	ES TO OF	FFICERS	S AND DI			
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	SVENSON PO BOX 5 PUNTA G T OLSEN, F	N, IVAR 510283 ORDA, FL 33950 RON	RECTORS	~	TITLE NAMI STRE CITY TITLE	ET ADDRESS -ST-ZIP	A	DDITIONS/0	CHANGE	ES TO OF	FFICERS	S AND DI	☐ Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP	SVENSON PO BOX 5 PUNTA G T OLSEN, F PO BOX 5	N, IVAR 510283 ORDA, FL 33950 RON 510820	RECTORS	~	TITLE NAMI STRE CITY TITLE NAMI STRE	ET ADDRESS -ST-ZIP	JA	DDITIONS/C	CHANGE	ES TO OF	FFICERS	S AND DI	☐ Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVENSON PO BOX 5 PUNTA G T OLSEN, R PO BOX 5 PUNTA G	N, IVAR 510283 ORDA, FL 33950 RON	RECTORS	☐ Delete	TITLE NAMI STRE CITY TITLE NAMI STRE CITY	ET ADDRESS -ST-ZIP  ET ADDRESS -ST-ZIP  ET ADDRESS -ST-ZIP	AI 2VP	DDITION\$/0	CHANGE	ES TO OF	FFICERS	S AND DI	☐ Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	SVENSON PO BOX 5 PUNTA G T OLSEN, F PO BOX 5 PUNTA G 2VP	N, IVAR 510283 ORDA, FL 33950 RON 510820 ORDA, FL 339510820	RECTORS	~	TITLE NAMI STRE CITY TITLE NAMI STRE	ET ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP	2VP	DDITIONS/O			FFICERS	S AND DI	☐ Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	SVENSON PO BOX 5 PUNTA G T OLSEN, F PO BOX 5 PUNTA G 2VP NIELSON	N, IVAR 510283 ORDA, FL 33950 RON 510820 ORDA, FL 339510820	RECTORS	☐ Delete	TITLE NAMI STRE CITY TITLE NAMI STRE CITY TITLE NAMI	ET ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP	2VP KEEN 696	, RIC	HARI ONI!	O O			☐ Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	SVENSON PO BOX 5 PUNTA G T OLSEN, F PO BOX 5 PUNTA G 2VP NIELSON 101 TROF	N, IVAR 510283 ORDA, FL 33950 RON 510820 ORDA, FL 339510820	RECTORS	☐ Delete	TITLE NAMI STRE CITY TITLE NAMI STRE CITY TITLE NAMI STRE	ET ADDRESS -ST-ZIP  ET ADDRESS -ST-ZIP  ET ADDRESS -ST-ZIP	2VP KEEN 696	, RIC	HARI ONI!	O O			☐ Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	SVENSON PO BOX 5 PUNTA G T OLSEN, F PO BOX 5 PUNTA G 2VP NIELSON 101 TROF	N, IVAR 510283 ORDA, FL 33950 RON 510820 ORDA, FL 339510820 , CHRIST PICANA DR	RECTORS	☐ Delete	TITLE NAMI STRE CITY TITLE NAMI STRE CITY TITLE NAMI STRE	ET ADDRESS -ST-ZIP  ET ADDRESS -ST-ZIP  ET ADDRESS -ST-ZIP  ET ADDRESS -ST-ZIP	2VP KEEN 696	, RIC	HARI ONI!	O O			☐ Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	SVENSON PO BOX 5 PUNTA G T OLSEN, F PO BOX 5 PUNTA G 2VP NIELSON 101 TROF PUNTA G IVP MINGLE,	N, IVAR 510283 ORDA, FL 33950 RON 510820 ORDA, FL 339510820 , CHRIST PICANA DR ORDA, FL 33950	RECTORS	□ Delete □ Delete □ Delete	TITLE NAMM STRE CITY TITLE NAMM STRE CITY TITLE NAMM STRE CITY TITLE NAMM	ET ADDRESS -ST-ZIP  ET ADDRESS -ST-ZIP  ET ADDRESS -ST-ZIP  ET ADDRESS -ST-ZIP	2VP KEEN 696	, RIC	HARI ONI!	O O			☐ Change ☐ Change ☐ Change	Addition  Addition  Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	SVENSON PO BOX 5 PUNTA G T OLSEN, F PO BOX 5 PUNTA G 2VP NIELSON 101 TROF PUNTA G IVP MINGLE, 1573 FAR	N, IVAR 510283 ORDA, FL 33950 RON 510820 ORDA, FL 339510820 P, CHRIST PICANA DR ORDA, FL 33950 NORMAN ADAY STREET	RECTORS	□ Delete □ Delete □ Delete	TITLE NAMM STRE CITY TITLE NAMM STRE CITY TITLE NAMM STRE CITY TITLE NAMM STRE NAMM STRE	ET ADDRESS -ST-ZIP  ET ADDRESS -ST-ZIP  ET ADDRESS -ST-ZIP  ET ADDRESS -ST-ZIP  ET ADDRESS	2VP KEEN 696	, RIC	HARI ONI!	O O			☐ Change ☐ Change ☐ Change	Addition  Addition  Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	PUNTA G  PUNTA G  T  OLSEN, F  PO BOX S  PUNTA G  2VP  NIELSON  101 TROF  PUNTA G  IVP  MINGLE, 1  1573 FAR  PORT CH	N, IVAR 510283 ORDA, FL 33950 RON 510820 ORDA, FL 339510820 , CHRIST PICANA DR ORDA, FL 33950	RECTORS	☐ Delete ☐ Delete ☐ Delete	TITLE NAMI STRE CITY TITLE NAMI STRE CITY TITLE NAMI STRE CITY TITLE NAMI STRE CITY	ET ADDRESS -ST-ZIP	2VP KEEN 696 PUNT	, RIC	HARI ONI!	O O			☐ Change ☐ Change ☐ Change ☐ Change	Addition  Addition  Addition  Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVENSON PO BOX 5 PUNTA G T OLSEN, R PO BOX 5 PUNTA G 2VP NIELSON 101 TROF PUNTA G IVP MINGLE, 1573 FAR PORT CH	N, IVAR 10283 ORDA, FL 33950 RON 10820 ORDA, FL 339510820 , CHRIST PICANA DR ORDA, FL 33950 NORMAN ADAY STREET JARLOTTE, FL 33952	RECTORS	□ Delete □ Delete □ Delete	TITLE NAMI STRE CITY	ET ADDRESS -ST-ZIP	2VP KEEN 696 PUNT	, RIC MACED A GOR	HARI ONIA DA,	O O			☐ Change ☐ Change ☐ Change	Addition  Addition  Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	SVENSON PO BOX 5 PUNTA G T OLSEN, R PO BOX 5 PUNTA G 2VP NIELSON 101 TROP PUNTA G IVP MINGLE, 1573 FAR PORT CH D DABROW	N, IVAR 510283 ORDA, FL 33950 RON 510820 ORDA, FL 339510820 P, CHRIST PICANA DR ORDA, FL 33950 NORMAN ADAY STREET JARLOTTE, FL 33952	RECTORS	☐ Delete ☐ Delete ☐ Delete	TITLE NAMM STRE CITY TITLE NAMM STRE CITY TITLE NAMM STRE CITY TITLE NAMM STRE CITY TITLE NAMM STRE	ET ADDRESS -ST-ZIP	2VP KEEN 696 PUNT	, RIC MACED A GOR	HARI ONIA DA,	O O A DR FL	339		☐ Change ☐ Change ☐ Change ☐ Change	Addition  Addition  Addition  Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVENSON PO BOX 5 PUNTA G T OLSEN, R PO BOX 5 PUNTA G 2VP NIELSON 101 TROP PUNTA G IVP MINGLE, 1573 FAR PORT CH D DABROW 2120 VIA	N, IVAR 510283 ORDA, FL 33950 RON 510820 ORDA, FL 339510820 , CHRIST PICANA DR ORDA, FL 33950 NORMAN ADAY STREET JARLOTTE, FL 33952 PSKI, CHARLES VENICE	RECTORS	☐ Delete ☐ Delete ☐ Delete	TITLE NAMI STRE CITY TITLE NAMI STRE CITY TITLE NAMI STRE CITY TITLE NAMI STRE CITY TITLE NAMI STRE	ET ADDRESS -ST-ZIP	2VP KEEN 696 PUNT D PORT 2733	, RIC MACED A GOR	HARI ONIA DA,	O O A DR FL	339	950	☐ Change ☐ Change ☐ Change ☐ Change	Addition  Addition  Addition  Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVENSON PO BOX 5 PUNTA G T OLSEN, F PO BOX 5 PUNTA G 2VP NIELSON 101 TROF PUNTA G IVP MINGLE, 1573 FAR PORT CH D DABROW 2120 VIA PUNTA G	N, IVAR 510283 ORDA, FL 33950 RON 510820 ORDA, FL 339510820 P, CHRIST PICANA DR ORDA, FL 33950 NORMAN ADAY STREET JARLOTTE, FL 33952	RECTORS	Delete  Delete  Delete	TITLE NAMI STRE CITY	ET ADDRESS -ST-ZIP  ET ADDRESS -ST-ZIP	2VP KEEN 696 PUNT D PORT 2733	, RIC MACED A GOR	HARI ONIA DA,	O O A DR FL	339	950	☐ Change ☐ Change ☐ Change ☐ Change	Addition  Addition  Addition  Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE	SVENSON PO BOX 5 PUNTA G T OLSEN, F PO BOX 5 PUNTA G 2VP NIELSON 101 TROF PUNTA G IVP MINGLE, 1573 FAR PORT CH D DABROW 2120 VIA PUNTA G S	N, IVAR 510283 ORDA, FL 33950 RON 510820 ORDA, FL 339510820 , CHRIST PICANA DR ORDA, FL 33950  NORMAN ADAY STREET ARLOTTE, FL 33952 PSKI, CHARLES VENICE ORDA, FL 33950	RECTORS	☐ Delete ☐ Delete ☐ Delete	TITLE NAMI STRE CITY TITLE NAMI STRE CITY TITLE NAMI STRE CITY TITLE NAMI STRE CITY TITLE NAMI STRE	ET ADDRESS -ST-ZIP  ET ADDRESS -ST-ZIP	2VP KEEN 696 PUNT D PORT 2733	, RIC MACED A GOR	HARI ONIA DA,	O O A DR FL	339	950	☐ Change ☐ Change ☐ Change ☐ Change	Addition  Addition  Addition  Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVENSON PO BOX 5 PUNTA G T OLSEN, F PO BOX 5 PUNTA G 2VP NIELSON 101 TROF PUNTA G IVP MINGLE, 1573 FAR PORT CH D DABROW 2120 VIA PUNTA G S NEITZKE,	N, IVAR 510283 ORDA, FL 33950 RON 510820 ORDA, FL 339510820 , CHRIST PICANA DR ORDA, FL 33950  NORMAN ADAY STREET ARLOTTE, FL 33952 PSKI, CHARLES VENICE ORDA, FL 33950	RECTORS	Delete  Delete  Delete	TITLE NAMI STRE CITY	ET ADDRESS -ST-ZIP  ET ADDRESS -ST-ZIP	2VP KEEN 696 PUNT D PORT 2733	, RIC MACED A GOR	HARI ONIA DA,	O O A DR FL	339	950	☐ Change ☐ Change ☐ Change ☐ Change	Addition  Addition  Addition  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: \_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/12/06

941 639-081

:0