


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 16, 2008 8:00 am**  
**Secretary of State**

07-16-2008 90011 005 \*\*\*\*61.25

<b>DOCUMENT # 760385</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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
STRANG, OLSEN & LYNCH CPAS, PA 103 W MARION AVE PUNTA GORDA, FL 33950				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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by September 12, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
<b>Make check payable to</b> <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	P MINGLE, NORMAN		STREET ADDRESS		
CITY - ST - ZIP	1573 FARDAY ST PORT CHARLOTTE, FL 33952		CITY - ST - ZIP		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	T OLSEN, RON		STREET ADDRESS		
CITY - ST - ZIP	PO BOX 510820 PUNTA GORDA, FL 339510820		CITY - ST - ZIP		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	D SWENSON, IVAR		STREET ADDRESS		
CITY - ST - ZIP	P.O. BOX 510283 PUNTA GORDA, FL 33950		CITY - ST - ZIP		
TITLE	NAME	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS	S NEITZKE, ROBERT		STREET ADDRESS	S DUNDAS, JAMES	
CITY - ST - ZIP	10323 ARROWHEAD PUNTA GORDA, FL 33955		CITY - ST - ZIP	PO BOX 511851 PUNTA GORDA, FL 33951	
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS			STREET ADDRESS	VP GERDEL, DAVID	
CITY - ST - ZIP			CITY - ST - ZIP	PO BOX 511851 PUNTA GORDA, FL 33951	
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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: _____			Date: 7/14/08		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		