
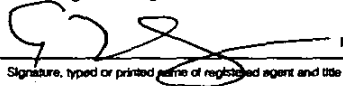
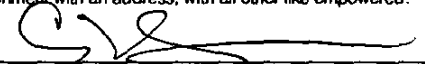


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 09, 2007 8:00 am**  
**Secretary of State**

04-09-2007 90074 021 \*\*\*\*61.25

<b>DOCUMENT # 760826</b> 1. Entity Name <b>MILITARY OFFICERS ASSOCIATION OF AMERICA - TALLAHASSEE CHAPTER, INC.</b>					
Principal Place of Business <b>P.O. OFFICE BOX 4038 TALLAHASSEE, FL 32315</b>			Mailing Address <b>P.O. OFFICE BOX 4038 TALLAHASSEE, FL 32315</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc. City & State			3. Mailing Address  Suite, Apt. #, etc. City & State		
Zip		Country		4. FEI Number <b>59-2957429</b>	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>VAUGHN, LUTHER C 2418 BEAUTYBERRY CT TALLAHASSEE, FL 32308</b>				7. Name and Address of New Registered Agent Name <b>Copins, Cray J</b> Street Address (P.O. Box Number is Not Acceptable) <b>2888 N. Hannon Hill Dr.</b> <b>Tallahassee</b> City <b>FL</b> Zip Code <b>32309</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.					
SIGNATURE  (NOTE: Registered Agent signature required when reinstating) DATE					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <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>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VAUGHN, LUTHER C 2418 BEAUTYBERRY CT. TALLAHASSEE, FL 32308	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Copins, Cray J 2888 N. Hannon Hill Dr. Tallahassee Fl. 32309	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HAYNES, JOHN L 424 HIAWATHA FARMS MONTICELLO, FL 32344	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Murray, Steve 2623 Wysses Rd Tallahassee, Fl. 32312	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP COPINS, CRAY J 2888 N HANNON HILL DR TALLAHASSEE, FL 32309	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Avery, John + Wendy 2416 Gothic Dr. Tallahassee Fl, 32303	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ARBES, RICHARD J 771 STONEHOUSE RD TALLAHASSEE, FL 32301	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sweeny, William G. 8045 Tennyson Dr. Tallahassee, Fl. 32311	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ECCARD, DAVID G 1016 PINEY Z PLANTATION RD TALLAHASSEE, FL 32311	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sweeny, William G. 8045 Tennyson Dr. Tallahassee, Fl. 32311	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOORE, ERNEST W 2172 KEMP RD HAVANA, FL 32333	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sweeny, William G. 8045 Tennyson Dr. Tallahassee, Fl. 32311	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> 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					
Date Daytime Phone #					