

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 17, 2004 8:00 am
Secretary of State

02-17-2004 90048 002 ****61.25

DOCUMENT # 767755

1. Entity Name

SUNCOAST CHAPTER OF THE MILITARY OFFICERS
ASSOCIATION OF AMERICA, INC.



Principal Place of Business

PO BOX 854
PORT RICHEY FL 34673-0841

Mailing Address

PO BOX 854
PORT RICHEY FL 34673-0841
US

94016340



2. Principal Place of Business

3. Mailing Address

PO Box 854

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PORT RICHEY FL

4. FEI Number

59-2277756

Applied For

Not Applicable

Zip

Country

Zip

34673-0841

Country

PASCO

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

WEBER, VERNA
7700 CRAIG HURST LOOP
NEW PORT RICHEY FL 34652

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 *Verna Weber*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

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 PD
NAME BENNETT, FRANCIS G ☐ Delete
STREET ADDRESS 13951 TALMAGE LOOP
CITY-ST-ZIP HUDSON FL 34667

TITLE VPD
NAME DONALD J. CHURCH ☐ Change ☒ Addition
STREET ADDRESS 3920 RUDDER WAY
CITY-ST-ZIP NPR, FL 34652

TITLE VPD
NAME BRIERTON, FRANCIS J ☐ Delete
STREET ADDRESS 8325 GOLDEN BEAR LOOP
CITY-ST-ZIP PORT RICHEY FL 34668

TITLE D
NAME ALBERT SCHONBERG ☐ Change ☒ Addition
STREET ADDRESS 9757 HERMOSILLO DR.
CITY-ST-ZIP NPR, FL 34655

TITLE SD
NAME WEBER, VERNA ☐ Delete
STREET ADDRESS 7700 CRAIGHURST LOOP
CITY-ST-ZIP NEW PORT RICHEY FL 34665

TITLE D
NAME ROBERT M. WIGGINS ☐ Change ☒ Addition
STREET ADDRESS 9040 PAR COURT
CITY-ST-ZIP HUDSON, FL 34667

TITLE D
NAME CODY, FRANK ☒ Delete
STREET ADDRESS 4253 PERRY PL
CITY-ST-ZIP NEW PORT RICHEY FL 34652

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TR
NAME SCHENK, EDWARD W ☐ Delete
STREET ADDRESS 4661 TIBURON DR
CITY-ST-ZIP NEW PORT RICHEY FL 34655

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME GRAY, FREDERICK ☐ Delete
STREET ADDRESS 13843 NICE LANE
CITY-ST-ZIP ODESSA FL 33556

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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.

SIGNATURE:

Verna Weber

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11 Feb 2004

Date

Daytime Phone #