


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 13, 2006 8:00 am**  
**Secretary of State**

03-13-2006 90062 031 \*\*\*\*61.25

<b>DOCUMENT # 767755</b> 1. Entity Name <b>SUNCOAST CHAPTER OF THE MILITARY OFFICERS ASSOCIATION OF AMERICA, INC.</b>					
Principal Place of Business <b>PO BOX 854 PORT RICHEY, FL 34673-0841</b>			Mailing Address <b>PO BOX 854 PORT RICHEY, FL 34673-0841 US</b>		
2. Principal Place of Business		3. Mailing Address <b>PO Bx 854</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State <b>PORT RICHEY, FL</b>			
Zip	Country	Zip <b>34673-0841</b>	Country <b>PASCO</b>	4. FEI Number <b>59-2277756</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>WEBER, VERNA 7700 CRAIG HURST LOOP NEW PORT RICHEY, FL 34652</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 <b>VERNA WEBER, Sec'y.</b> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <b>3/09/06</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>Filing Fee is \$61.25 Due by May 1, 2006</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>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P CHURCH, DONALD J 3920 RUDDER WAY NEW PORT RICHEY, FL 33652</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD STROCKEY, ROGER 12924 C WEDGEWOOD WAY HUDSON, FL 34667</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD Schonberg, Albert 9757 Hermosillo Dr. Newport Richey, FL 34655</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD WEBER, VERNA 7700 CRAIGHURST LOOP NEW PORT RICHEY, FL 34665</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD grace, Harley g. 7401 Cascade Dr. Hudson, FL 34667</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D SCHONBERG, ALBERT 9757 HERMOSILLO DR. NEW PORT RICHEY, FL 34655</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TR SCHENK, EDWARD W 4661 TIBURON DR NEW PORT RICHEY, FL 34655</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D GRAY, FREDERICK 13843 NICE LANE ODESSA, FL 33556</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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.					
<b>SIGNATURE: Verna E. Weber Verna E. Weber</b>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <b>3-1-06</b> Daytime Phone # <b>727-872-0932</b>	