


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 29, 2008 8:00 am
Secretary of State

02-29-2008 90019 040 ****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		
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		
WEBER, VERA 7700 CRAIG HURST LOOP NEW PORT RICHEY, FL 34652			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	P <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STANARD, JOHN		NAME		
STREET ADDRESS	4052 MARINE PKWY		STREET ADDRESS		
CITY-ST-ZIP	NEW PORT RICHEY, FL 34652		CITY-ST-ZIP		
TITLE	VPD <input checked="" type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GRACE, HARLEY		NAME	Ralph Anderson	
STREET ADDRESS	7401 CASCADE DR.		STREET ADDRESS	16323 PLATINUM DRIVE	
CITY-ST-ZIP	HUDSON, FL 34667		CITY-ST-ZIP	SPRING HILL, FLA 34610	
TITLE	SD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WEBER, VERA		NAME		
STREET ADDRESS	7700 CRAIGHURST LOOP		STREET ADDRESS		
CITY-ST-ZIP	NEW PORT RICHEY, FL 34665		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FRANKEL, ROBERT		NAME		
STREET ADDRESS	10060 CHIP LN.		STREET ADDRESS		
CITY-ST-ZIP	NEW PORT RICHEY, FL 34654		CITY-ST-ZIP		
TITLE	TR <input checked="" type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SCHENK, EDWARD W		NAME	TR DONALD Church	
STREET ADDRESS	4661 TIBURON DR		STREET ADDRESS	3920 Rudder Way	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34655		CITY-ST-ZIP	New Port Richey FLA 34652	
TITLE	D <input checked="" type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GRAY, FREDERICK		NAME	SCHENK, EDWARD W	
STREET ADDRESS	13843 NICE LANE		STREET ADDRESS	4661 TIBURON DR.	
CITY-ST-ZIP	ODESSA, FL 33556		CITY-ST-ZIP	New Port Richey FLA 34655	
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: <i>Ronald J Church</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			27 Feb 2008 727-845-0717 <small>Date Daytime Phone #</small>		