


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90196 033 ****70.00

DOCUMENT # 769347	
1. Entity Name THE FLORIDA GOLD COAST CHAPTER, MILITARY OFFICERS ASSOCIATION OF AMERICA, INC.	

Principal Place of Business 5991 SW 85 ST SOUTH MIAMI, FL 33143	Mailing Address 5991 SW 85 ST SOUTH MIAMI, FL 33143
---	---



04152006 No Chg-NP CR2E037 (11/05)

4. FEI Number 59-2344552	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent WRIGHT, WILLIAM D JR 5991 SW 85 ST SOUTH MIAMI, FL 33143
--

DO NOT WRITE IN THIS SPACE

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 
--	--	---

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WRIGHT, WILLIAM D JR 5991 S.W. 85TH ST. SOUTH MIAMI, FL 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LAMIS, NICHOLAS JR 13100 SW 104 CT MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROSEN, MARTY <i>Delete</i> 1120 MANATI AVE CORAL GABLES, FL 33146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V TANOS, ALEXANDER E 7333 BELLE MEADE BLVD MIAMI, FL 33138
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>ADD:</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KOVACS, FRANK 11161 SW 57th Street Miami, FL 33173

DO NOT WRITE IN THIS SPACE

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: 	April 18, 2006	305-666-4115
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>