2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # 769611

1. Entity Name

THE INDIAN RIVER CHAPTER, MILITARY OFFICERS ASSOCIATION OF AMERICA (MOAA), INC.



FILED Mar 09, 2005 8:00 am Secretary of State

03-09-2005 90033 015 ****61.25

Mailing Address	ASSOCIATION OF AMERICA (MOAA), 1140.				COD WE 1				
P.O. BOX 4047 September P.O. BOX 10048 P.	Principal Place of Business Mailing Address								
Suite, Apt. e, etc. Suite, Apt. e, etc. City & State Ci	P.O. BOX 4047 VERO BEACH FL 32967-4047		P.O. BOX 4047 VERO BEACH FL 32967-4047		 	. 0.001 0.231 0.001 6181 818))]]]) 		
City & State Ci	2. Principal Place of Business		3. Mailing Address						
Section Sect	Suite, Apt. #, etc.		Suite, Apt. #, etc.			1st MOORE CR2E037 (10/04)			
FER Required S. Name and Address of Current Registered Agent FOX, ROBERT B 2031 VALENCIA AVE. VERO BEACH FL 32960 City FL Zip Code Florida. I am familiar with, and accept of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept of changing its registered agent, or both, in the State of Florida. I am familiar	City & State		City & State				EO 0406660		
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Street Address (P.O. Box Number is Not Acceptable) 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, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the	<u> </u>	6. Name and Address of Current	Registered Agent			7. Name and Address of New Registered Agent			
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12. Thereby 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		information							

indicated on this report or supplied with this 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:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

B. Fox

PEBRUARY 2005 772 562-