

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 12, 2008 8:00 am
Secretary of State

02-12-2008 90018 043 ****61.25

DOCUMENT # 769611 1. Entity Name THE INDIAN RIVER CHAPTER, MILITARY OFFICERS ASSOCIATION OF AMERICA (MOAA), INC.					
Principal Place of Business INDIAN RIVER CHAPTER, MOAA P.O. BOX 4047 VERO BEACH FL 32967-4047 US				Mailing Address INDIAN RIVER CHAPTER, MOAA P.O. BOX 4047 VERO BEACH FL 32967-4047 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	4. FEI Number 59-2406669 ☐ Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
FOX, ROBERT B 2031 VALENCIA AVE. VERO BEACH FL 32960				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 _____ Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)					
FILE NOW: FEE IS \$61.25 Due By May 1, 2008		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	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	WIELER, ERIC H		NAME		
STREET ADDRESS	420 COCONUT PALM RD		STREET ADDRESS		
CITY-ST-ZIP	VERO BEACH FL 32963		CITY-ST-ZIP		
TITLE	VD	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	WICKSTRAND, DON R		NAME		
STREET ADDRESS	582 HATTERAS CT SW		STREET ADDRESS		
CITY-ST-ZIP	VERO BEACH FL 32968		CITY-ST-ZIP		
TITLE	VD	☒ Delete	TITLE	☒ Change ☐ Addition	
NAME	SIGLER, GEORGE		NAME	Y.D. FISK, RICHARD P.	
STREET ADDRESS	155 31ST AVE SW		STREET ADDRESS	5159 N. AIA #214	
CITY-ST-ZIP	VERO BEACH FL 32968		CITY-ST-ZIP	FORT PIERCE, FL 34949	
TITLE	SD	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	BURKE, JOSEPH P		NAME		
STREET ADDRESS	705 IRIS LANE		STREET ADDRESS		
CITY-ST-ZIP	VERO BEACH FL 32963		CITY-ST-ZIP		
TITLE	TD	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	FOX, ROBERT B		NAME		
STREET ADDRESS	2031 VALENCIA AVE.		STREET ADDRESS		
CITY-ST-ZIP	VERO BEACH FL 32960		CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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>Robert B. Fox</i> ROBERT B. FOX 5 FEB 2008 772 562-1044					