

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED  
Apr 10, 2006 8:00 am  
Secretary of State**

04-10-2006 90292 049 \*\*\*\*61.25

**DOCUMENT # 769821**

1. Entity Name  
TAMPA CHAPTER, MILITARY OFFICERS ASSOCIATION  
OF AMERICA, INC.



Principal Place of Business  
3301 BAYSHORE BLVD  
#710  
TAMPA, FL 33629 US

Mailing Address  
PO BOX 6383  
MCDILL AFB, FL 33608 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

04012006 Chg-NP CR2E037 (11/05)

4. FEI Number

59-2329788

Applied For

Not Applicable

5. Certificate of Status Desired  \$8.75 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

SILAH, ROBERT J  
5022 BARROWS DR  
TAMPA, FL 33624

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

*Robert J. Silah*  
Signature, typed or printed name of registered agent and title if applicable.

*PRESIDENT*

*04-06-06*

(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.  \$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  
NAME SILAH, ROBERT J  
STREET ADDRESS 5022 BARROWS DR  
CITY-ST-ZIP TAMPA, FL 33624

Delete

TITLE VD  
NAME ROY, JAMES  
STREET ADDRESS 11955 SKYLAKE PL  
CITY-ST-ZIP TAMPA, FL 33617

Delete

TITLE SD  
NAME BAXTER, SUE  
STREET ADDRESS 3301 BAYSHORE BLVD #710  
CITY-ST-ZIP TAMPA, FL 33629

Delete

TITLE TD  
NAME SIEGMAN, RICHARD  
STREET ADDRESS 1323 BIG PINE DRIVE  
CITY-ST-ZIP VALRICO, FL 335946144

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

Change  Addition

*VD HELVESTON, Richard  
6714 HIGH LANDS CREEK LOOP  
LAKELAND FL 33813-1890*

Change  Addition

Change  Addition

Change  Addition

Change  Addition

Change  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.

**SIGNATURE:**

*Robert J. Silah, Treasurer*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4-01-06 (813) 681-9601*

Date

Daytime Phone #