

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 13, 2004 8:00 am**  
**Secretary of State**

05-13-2004 90005 039 \*\*\*\*61.25

**DOCUMENT # 771055**

1. Entity Name

**THE GAINESVILLE FLORIDA CHAPTER OF THE  
MILITARY OFFICERS ASSOCIATION OF AMERICA,**



Principal Place of Business

Mailing Address

**C/O PETER H. WARD  
4001 NEWBERRY RD, C-1  
GAINESVILLE FL 32607**

**C/O PETER H. WARD  
4001 NEWBERRY RD, C-1  
GAINESVILLE FL 32607**

**24075012**



**MOORE CR2E037 (11/03)**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-2413342**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WARD, PETER H.  
4001 NEWBERRY ROAD, SUITE C-1  
GAINESVILLE FL 32607**

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)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2004**

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 **PP** ☐ Delete  
NAME **BURFORD, ROBERT E**  
STREET ADDRESS **1613 SW 76TH TERR**  
CITY-ST-ZIP **GAINESVILLE FL 32607**

TITLE **D** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **WARD, PETER H**  
STREET ADDRESS **4001 NEWBERRY RD, S-1, BLDG C**  
CITY-ST-ZIP **GAINESVILLE FL 32607**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VP** ☒ Delete  
NAME **ALBRITTON, JAMES P**  
STREET ADDRESS **180 TURKEY CREEK**  
CITY-ST-ZIP **ALACHUA FL 32615**

TITLE **PD** ☐ Change ☒ Addition  
NAME **Albritton, Paul**  
STREET ADDRESS **180 Turkey Creek**  
CITY-ST-ZIP **Alachua, FL 32615**

TITLE **P** ☒ Delete  
NAME **SMITH, JERROLD**  
STREET ADDRESS **2831 NW 41ST ST, STE G**  
CITY-ST-ZIP **GAINESVILLE FL 32606**

TITLE **D** ☐ Change ☒ Addition  
NAME **Smith, J. Michael**  
STREET ADDRESS **2831 NW 41st Street, Suite G**  
CITY-ST-ZIP **Gainesville, FL 32606**

TITLE **D** ☒ Delete  
NAME **PIERCE, ROGER**  
STREET ADDRESS **5015 NW 19 PL**  
CITY-ST-ZIP **GAINESVILLE FL 32605**

TITLE **T** ☐ Change ☒ Addition  
NAME **Kennedy, Jared P.**  
STREET ADDRESS **10608 NW 53rd Terrace**  
CITY-ST-ZIP **Gainesville, FL 32653**

TITLE **D** ☐ Delete  
NAME **LITTMAN, MAYER**  
STREET ADDRESS **8904 NW 4TH PLACE**  
CITY-ST-ZIP **GAINESVILLE FL 32607**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby 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 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:**

*Paul Albritton*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Paul Albritton**

**May 10, 2004**

Date

Daytime Phone #