2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#771055

Aug 31, 2005 Secretary of State

Entity Name: THE GAINESVILLE FLORIDA CHAPTER OF THE MILITARY OFFICERS ASSOCIATION OF AMERICA, INC. **Current Principal Place of Business: New Principal Place of Business:** C/O PETER H. WARD 4001 NEWBERRY RD, C-1 GAINESVILLE, FL 32607 **New Mailing Address: Current Mailing Address:** C/O PETER H. WARD 4001 NEWBERRY RD, C-1 GAINESVILLE, FL 32607 FEI Number: 59-2413342 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WARD, PETER H. 4001 NEWBERRY ROAD, SUITE C-1 GAINESVILLE, FL 32607 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition BURFORD, ROBERT E Name: Name: 1613 SW 76TH TERR Address: Address: City-St-Zip: GAINESVILLE, FL 32607 City-St-Zip: Title: D () Delete Title: PRES (X) Change () Addition WARD, PETER H Name: JONES, WENDELL Name: Address: 4001 NEWBERRY RD, S-1, BLDG C Address: 9325 SW 46TH PLACE City-St-Zip: GAINESVILLE, FL 32607 City-St-Zip: GAINESVILLE, FL 32608 Title: PD () Delete Title: (X) Change () Addition ALBRITTON, PAUL ALBRITTON, PAUL Name: Name: 180 TURKEY CREEK 180 TURKEY CREEK Address: Address: City-St-Zip: ALACHUA, FL 32615 City-St-Zip: ALACHUA, FL 32615 Title: () Delete Title: () Change () Addition Name: SMITH, MICHAEL J Name: Address: 2831 NW 41ST ST, STE G Address: City-St-Zip: GAINESVILLE, FL 32606 City-St-Zip: Title: () Delete Title: () Change () Addition KENNEDY, JARED P Name: Name: 10608 NW 53RD TERRACE Address: Address: City-St-Zip: GAINESVILLE, FL 32653 City-St-Zip: Title: (X) Delete Title: () Change () Addition LITTMAN, MAYER Name: Name: Address: 8904 NW 4TH PLACE Address: GAINSVILLE, FL 32607 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JARED P. KENNEDY Т 08/31/2005