


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2007 08:00 AM
Secretary of State

DOCUMENT # N00000005636		
1. Entity Name MILITARY OFFICERS ASSOCIATION OF AMERICA-BRADENTON CHAPTER, INCORPORATED		
Principal Place of Business PO BOX 381 BRADENTON, FL 34206-0381	Mailing Address PO BOX 381 BRADENTON, FL 34206-0381	



01042007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

COURTNEY, DONALD
4516 SHARK DRIVE
BRADENTON, FL 34208

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when restate) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

U00000581612
01/10/07-80094-020 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP COURTNEY, DONALD L 4516 SHARK DRIVE BRADENTON, FL 34208
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV POPHAM, ROGER 10481 OLD GROVE CIR. BRADENTON, FL 34202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT BAILEY, JAMES T 302 9TH AVE. E. PALMETTO, FL 34221
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS HARTE, JOYCE 10 TIDY ISLAND BLVD BRADENTON, FL 34210
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-4-2007 941-745-7564
Date Daytime Phone #