

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 08:00 AM
Secretary of State

DOCUMENT # N00165

1. Entity Name
**MILITARY OFFICERS ASSOCIATION OF AMERICA,
CENTRAL FLORIDA CHAPTER, INC.**



Principal Place of Business
**DEF. FIN SUC
RM 125 2500 LEAMY ST.
ORLANDO, FL 32803 US**

Mailing Address
**PO BOX 141025
ORLANDO, FL 32814 US**



01072008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2395173	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

**LEPAGE, ROBERT M
5132 SAILWIND CIR
ORLANDO, FL 32810**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reissuing)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**000000781990
01/15/08-80057-005 61.25**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	LEPAGE, ROBERT M
STREET ADDRESS	5132 SAILWIND CIR
CITY-ST-ZIP	ORLANDO, FL 32810
TITLE	V
NAME	JOHNSON, SYLVESTER
STREET ADDRESS	657 STONEFIELD LOOP
CITY-ST-ZIP	HEATHROW, FL 32746
TITLE	T
NAME	HINES, JOSEPH V
STREET ADDRESS	554 ABINGTON CT
CITY-ST-ZIP	APOPKA, FL 32703
TITLE	V
NAME	GATES, WILLIAM J
STREET ADDRESS	114 BERKSHIER CIR. E
CITY-ST-ZIP	LONGWOOD, FL 32779
TITLE	T
NAME	SIMON, JAMES M
STREET ADDRESS	4589 HERITAGE OAK DR
CITY-ST-ZIP	ORLANDO, FL 32808
TITLE	S
NAME	GREEN, PATRICIA A
STREET ADDRESS	139 VARIETY TREE CIR
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714

**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:

Robert M. Lepage
ROBERT M. LEPA

1-10-08
Date

407-298-7228
Daytime Phone #