

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00165

FILED
Feb 10, 2012
Secretary of State

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

Current Principal Place of Business:

DEF. FIN SUC
RM 125 2500 LEAMY ST.
ORLANDO, FL 32803 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 141025
ORLANDO, FL 32814 US

New Mailing Address:

FEI Number: 59-2395173

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HINES, JOSEPH V
554 ABINGTON CT.
APOPKA, FL 32703 US

Name and Address of New Registered Agent:

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:

Title: P
Name: LEPAGE, ROBERT M
Address: 5132 SAILWIND CIR
City-St-Zip: ORLANDO, FL 32810 US

Title: P
Name: JOHNSON, SYLVESTER
Address: 657 STONEFIELD LOOP
City-St-Zip: HEATHROW, FL 32746 US

Title: T
Name: HINES, JOSEPH V
Address: 554 ABINGTON CT
City-St-Zip: APOPKA, FL 32703 US

Title: V
Name: GATES, WILLIAM J
Address: 114 BERKSHIER CIR. E
City-St-Zip: LONGWOOD, FL 32779 US

Title: S
Name: FITZGERALD, CHARLES J
Address: 404 SUN LAKE CIRCLE APT 102
City-St-Zip: LAKE MARY, FL 32746 US

Title: S
Name: GREEN, PATRICIA A
Address: 139 VARIETY TREE CIR
City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US

I hereby 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 all other like empowered.

SIGNATURE: JOSEPH V. HINES

T

02/10/2012

Electronic Signature of Signing Officer or Director

_____ Date