

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 07, 2006 8:00 am**  
**Secretary of State**

04-07-2006 90028 012 \*\*\*\*61.25

**DOCUMENT # N08286**

1. Entity Name  
SPACE COAST CHAPTER, INC. MILITARY OFFICER'S  
ASSOCIATION OF AMERICA



Principal Place of Business  
MILITARY RETIRED OFFICERS  
ASSOC OF AMERICA/P O BOX 1493  
TITUSVILLE, FL 32781-1493 US

Mailing Address  
MILITARY RETIRED OFFICERS  
ASSOC OF AMERICA/P O BOX 1493  
TITUSVILLE, FL 32781-1493 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04012006

Chg-NP

CR2E037 (11/05)

4. FEI Number  
59-2637172

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

JOHNSON, GEORGE D JR.  
2218 QUAIL TRAIL  
TITUSVILLE, FL 32780

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

**Filing Fee is \$61.25**  
**Due by May 1, 2006**

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 P ☒ Delete  
NAME CAVE, AL  
STREET ADDRESS 2710 HICKORY HILL CT  
CITY-ST-ZIP TITUSVILLE, FL 32780

TITLE P ☒ Change ☐ Addition  
NAME Robinson, Joe  
STREET ADDRESS 5510 BENT OAK DRIVE  
CITY-ST-ZIP Titusville, FL 32780

TITLE T ☐ Delete  
NAME BROWN, BOB  
STREET ADDRESS 1931 MALMSEY CT.  
CITY-ST-ZIP TITUSVILLE, FL 32796

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

TITLE DS ☐ Delete  
NAME JOHNSON, GEORGE D JR.  
STREET ADDRESS 2618 QUAIL TRAIL  
CITY-ST-ZIP TITUSVILLE, FL 32780

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

TITLE D ☐ Delete  
NAME STONE, MIKE  
STREET ADDRESS 1629 VALLEY FORGE DR  
CITY-ST-ZIP TITUSVILLE, FL 32796

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

TITLE D ☐ Delete  
NAME POMPA, JOHN  
STREET ADDRESS 3770 HICKORY HILL BLVD.  
CITY-ST-ZIP TITUSVILLE, FL 32780

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

TITLE TD ☐ Delete  
NAME HAVEN, MO  
STREET ADDRESS 3600 MULFIELD DRIVE  
CITY-ST-ZIP TITUSVILLE, FL 32780

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

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:

*George D Johnson Jr*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5 April 2006

34-383-8050

Date

Daytime Phone #

PAGE 1 of 2

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ATTACHMENT

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ASSOC OF AMERICA/P O BOX 1493  
TITUSVILLE, FL 32781-1493 US

40046115

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3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04012006

Chg-NP

CR2E037 (11/05)

City & State

City & State

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Not Applicable

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DATE

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Added to Fees

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Florida Department of State

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Delete
NAME	CAVE, AL	
STREET ADDRESS	2710 HICKORY HILL CT	
CITY-ST-ZIP	TITUSVILLE, FL 32780	
TITLE	T	<input type="checkbox"/> Delete
NAME	BROWN, BOB	
STREET ADDRESS	1931 MALMSEY CT.	
CITY-ST-ZIP	TITUSVILLE, FL 32796	
TITLE	DS	<input type="checkbox"/> Delete
NAME	JOHNSON, GEORGE D JR.	
STREET ADDRESS	2618 QUAIL TRAIL	
CITY-ST-ZIP	TITUSVILLE, FL 32780	
TITLE	D	<input type="checkbox"/> Delete
NAME	STONE, MIKE	
STREET ADDRESS	1629 VALLEY FORGE DR	
CITY-ST-ZIP	TITUSVILLE, FL 32796	
TITLE	D	<input type="checkbox"/> Delete
NAME	POMPA, JOHN	
STREET ADDRESS	3770 HICKORY HILL BLVD.	
CITY-ST-ZIP	TITUSVILLE, FL 32780	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HAVEN, MO	
STREET ADDRESS	3600 MUIAFIELD DRIVE	
CITY-ST-ZIP	TITUSVILLE, FL 32780	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Diugoposki, STAN	
STREET ADDRESS	3538 ALAN DRIVE	
CITY-ST-ZIP	Titusville, FL 32796	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GALLIN, AL	
STREET ADDRESS	3641 ROYAL OAK DRIVE	
CITY-ST-ZIP	Titusville, FL 32780	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EGGE, GENE	
STREET ADDRESS	5145 JUMPER STREET	
CITY-ST-ZIP	Cocoa, FL 32927	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #