


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2007 8:00 am
Secretary of State

02-26-2007 90049 034 ****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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2637172	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$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 Morris E. Haven Street Address (P.O. Box Number if Not Applicable) 3600 MUIRFIELD DR City Titusville FL Zip Code 32780		
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 <u>Morris E. Haven</u> <u>Morris E. Haven</u> <u>Feb 22, 2007</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY-ST-ZIP	P ROBINSON, JOE 5510 BENT OAK DR TITUSVILLE, FL 32780	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, BOB 1931 MALMSEY CT. TITUSVILLE, FL 32796	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS JOHNSON, GEORGE D JR. 2618 QUAIL TRAIL TITUSVILLE, FL 32780	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STONE, MIKE 1629 VALLEY FORGE DR TITUSVILLE, FL 32796	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POMPA, JOHN 3770 HICKORY HILL BLVD. TITUSVILLE, FL 32780	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HAVEN, MO 3600 MUIRFIELD DRIVE TITUSVILLE, FL 32780	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Pauliot, Roger 1137 Carol Ave Titusville, FL 32780	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Haven, Morris E. 3600 MUIRFIELD DR Titusville, FL 32780	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: <u>Morris E. Haven</u> <u>MORRIS E. HAVEN</u> <u>321-268-3373</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					