

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 08, 2005 8:00 am
Secretary of State

03-08-2005 90178 017 ****70.00

DOCUMENT # N09319

1. Entity Name

**SOUTH FLORIDA CHAPTER, MILITARY OFFICERS
ASSOCIATION (MOA), INC.**



Principal Place of Business

P.O. BOX 245
SEBRING FL 33871-7245

Mailing Address

P.O. BOX 245
SEBRING FL 33871-7245

40028734



1st MOORE CR2E037 (10/04)

2. Principal Place of Business
P.O. Box 245

3. Mailing Address
P.O. Box 245

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Sebring, FL

City & State
Sebring, FL

4. FEI Number
59-2456105

Applied For
Not Applicable

Zip
33871-0245

Country
USA

Zip
33871-0245

Country
USA

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

**WHITTON, ROY P
101 TEMPTATION COURT
LAKE PLACID FL 33852**

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

**FILE NOW: FEE IS \$61.25
Due By May 1, 2005**

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

| | | |
|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P INJASOULIN, PETER 101 NW CAMANELTE ST. PORT CHARLOTTE FL 33952 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD WHITTON, ROY P 101 TEMPTATION CT. LAKE PLACID FL 33852 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD GATES, RICHARD W 615 E. MOCKINGBIRD LANE AVON PARK FL 33825 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD MCLAUGHLIN, RICHARD 34 CHOCTAW LAKE PLACID FL 33852 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD CHRISTIAN, JANE 223 HILLCREST DR AVON PARK FL 33825 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TR GRANT, SIMMONS 313 9TH AVE SEBRING FL 33875 | <input checked="" type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P INJASOULIAN, PETER B. 101 NW Comanche St. Lake Placid, FL 33852- | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD ROTHMAN, TORSTEN 514 Bear Rd Lake Placid, FL 33852- | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD BROUGH, LOUIS 10809 US 27 S # 71 Sebring, FL 33876-9503 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD VOSBURGH, BEULAH M. 2518 Davis Circle Sebring, FL 33870-2235 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD CHRISTMAN, JANE S. 223 Hillcrest Dr Avon Park, FL 33825-9261 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD WHITTON, ROY P. 101 Temptation Ct. Lake Placid, FL 33852-6130 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Roy P. Whitton

ROY P. WHITTON

5 Mar 05

863-465-7048

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #