

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 10, 2006 8:00 am**  
**Secretary of State**

02-10-2006 90004 029 \*\*\*\*61.25

**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**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E037 (10/05)

City & State

City & State

4. FEI Number

**59-2456105**

Applied For

Not Applicable

Zip

Country

Zip

Country

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, 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

TITLE **P** ☐ Delete  
NAME **INJASOULIN, PETER**  
STREET ADDRESS **101 NW COMANCHE ST**  
CITY-ST-ZIP **LAKE PLACID FL 33852**

TITLE **VPD** ☐ Delete  
NAME **ROTHMAN, TORSTEN**  
STREET ADDRESS **514 BEAR RD**  
CITY-ST-ZIP **LAKE PLACID FL 33852**

TITLE **TD** ☐ Delete  
NAME **BROUGH, LOUIS**  
STREET ADDRESS **10809 US 27 S #71**  
CITY-ST-ZIP **SEBRING FL 33876-9503**

TITLE **TD** ☐ Delete  
NAME **VOSBURGH, BEULAH M**  
STREET ADDRESS **2518 DAVIS CIR**  
CITY-ST-ZIP **SEBRING FL 33870-2235**

TITLE **SD** ☐ Delete  
NAME **CHRISTMAN, JANE S**  
STREET ADDRESS **223 HILLCREST DR**  
CITY-ST-ZIP **LAKE PLACID FL 33852-9261**

TITLE **TR** ☐ Delete  
NAME **WHITTON, ROY P**  
STREET ADDRESS **101 TEMPTATION CT**  
CITY-ST-ZIP **LAKE PLACID FL 33852-6130**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE ☐ 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 Section 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: Roy P, Whitton**

*Roy P. Whitton*

*25 Jan 06*

*863-465-7048*