

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90095 013 ****70.00

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1. Entity Name

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

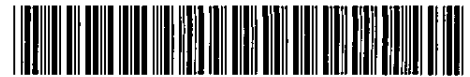


Principal Place of Business

Mailing Address

P.O. BOX 245
SEBRING FL 33871-7245

P.O. BOX 245
SEBRING FL 33871-7245



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

59-2456105

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

**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 **ROY P. WHITTON**

Roy P. Whitton

21 Mar 07

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2007**

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 NAME STREET ADDRESS CITY- ST- ZIP	P INJASOULIN, PETER 101 NW COMANCHE ST LAKE PLACID FL 33852	☐ Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VPD ROTHMAN, TORSTEN 514 BEAR RD LAKE PLACID FL 33852	☐ Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	TD BROUGH, LOUIS 10809 US 27 S #71 SEBRING FL 33876-9503	☐ Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	TD VOSBURGH, BEULAH M 2518 DAVIS CIR SEBRING FL 33870-2235	☐ Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	SD CHRISTMAN, JANE S 223 HILLCREST DR LAKE PLACID FL 33852-9261	☐ Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	TR WHITTON, ROY P 101 TEMPTATION CT LAKE PLACID FL 33852-6130	☐ Delete

TITLE NAME STREET ADDRESS CITY- ST- ZIP	P WHITTON, ROY P. 101 Temptation Ct Lake Placid, FL 33852-6130	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VPD JOHNSON, WARREN L. 4310 Lakeview Dr. Sebring, FL 33870	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	TD LANDLAND, MABEL S. 1224 Pointe East Sebring, FL 33872-3424	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	TD BROUGH, LOUIS J. 10809 US 27 S #71 Sebring, FL 33876-9503	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	SD ROTHMAN, TORSEN 514 Bear Road Lake Placid, FL 33852	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	TD CHRISTMAN, JANE S 223 Hillcrest Dr Avon Park, FL 33825-9261	☒ Change ☐ Addition

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 law empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Roy P. Whitton 21 Mar 07

863-465-7048

Date

Daytime Phone *