

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000010727

**FILED**  
**Apr 24, 2011**  
**Secretary of State**

**Entity Name:** FLAMIN' FLAMINGOES MILITARY ORDER OF THE DEVIL DOG FLEAS, INC

**Current Principal Place of Business:**

7241 BAILLIE DR  
NEW PORT RICHEY, FL 34653

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 906  
ELFERS, FL 34680

**New Mailing Address:**

**FEI Number:** 26-3534770

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

JOPPA, EVELYN B  
8617 KNOB HILL CT  
NEW PORT RICHEY, FL 34653 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: GOLDEN, KATHRYN  
Address: 9821 A;VERNON DR  
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: VP  
Name: MUSIAL, KAREN  
Address: 5442 PALM DRIVE  
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: JR-V  
Name: PETERSEN, PEG  
Address: 8419 BLUE ROCK DRIVE  
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: TREA  
Name: JOPPA, EVELYN B  
Address: 8617 KNOB HILL CT  
City-St-Zip: NEW PORT RICHEY, FL 34653

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: EVELYN B. JOPPA

TREA

04/24/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date