2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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Secretary of State
02-07-2005 90059 012 ****70.00

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1. Entity Name
THE MAYPORT CHAPTER (MOAA), INC.

Principal Place of Business	Mailing Address
PO BOX 330791 ATLANTIC BCH, FL 32233-0791 US	PO BOX 330791 ATLANTIC BCH, FL 32233-0791 US

01172005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2132891 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

JUDAS, ROBERT A
2310 OCEAN FOREST DRIVE WEST
ATLANTIC BEACH, FL 32233

7. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD DUNNE, JAMES M PO BOX 47282 JACKSONVILLE, FL 32247	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Dunne, James M. P.O. Box 47282 Jacksonville, FL 32247	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD BERLEY, FRED 12427 MT PLEASANT WOODS DRIVE JACKSONVILLE, FL 32225	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Henderson, Ronald B. 107 Rita Rae Ln Jacksonville Beach FL 32250	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD BACHMANN, ROBERT R 9227 JAYBIRD CIRCLE EAST JACKSONVILLE, FL 32257	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Segler, Esther J. 13943 Silkvine Ln Jacksonville FL 32224	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD JUDAS, ROBERT A 2310 OCEAN FOREST DRIVE WEST ATLANTIC BEACH, FL 32233	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Jacobs, Grady L. 1872 Oceanside Ln Amelia Island, FL 32034	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SIGLER, MARY E 4528 MIDDLETON PARK CIRCLE W JACKSONVILLE, FL 32224	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD VanSaun, David 11059 Raley Creek Dr S. Jacksonville, FL 32225	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PEARCE, PATRICIA H 6638 NIGHTINGALE ROADS JACKSONVILLE, FL 322162647	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: Robert A Judas Robert A. Judas 2/4/05 (904)908-2466
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #