

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 13, 2004 8:00 am
Secretary of State

05-13-2004 90012 002 ****61.25

DOCUMENT # N15614

1. Entity Name

FLAGLER COUNTY CHAPTER, MILITARY OFFICERS
ASSOCIATION OF AMERICA, INC.



Principal Place of Business

PO BOX 352495
PALM COAST FL 32135-2495
US

Mailing Address

PO BOX 352495
PALM COAST FL 32135-2495
US

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

59-2680228

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MCCOPPIN, NEAL R
17 PATUXENT LN.
PALM COAST FL 32164

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

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

(NOTE: Registered Agent signature required when reinstalling)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

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	PD BEAUCHAMP, THOMAS 51 ST. ANDREWS COURT PALM COAST FL 32137-1440	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD POLLARD, RICHARD 15 CONWAY CT. PALM COAST FL 32137	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JONES, BILLY 3 ERIE PL PALM COAST FL 32164	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HOSKINS, DONALD M 2 LANTARACE DR PALM CST FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT CRUZ, JOSE L 22 LUDLOW LANE PALM CST FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BEY, ROBERT T 2 CLEVELAND CT. BOX 352775 PALM CST FL	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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 T. Bey

Robert T. Bey

Date

(386) 445-1925

Daytime Phone

Attachment

Use

N15614

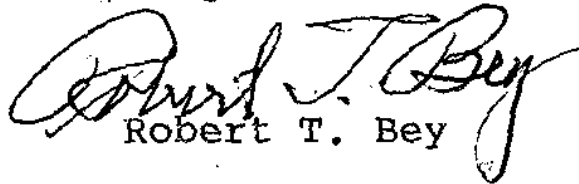
54054199

10 May '04

Dear Sirs;

Filing delayed due to
illness and non-availability
of treasurer.

Our apologies.


Robert T. Bey