2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2009
Secretary of State

DOCUMENT# N39847

Entity Name: MILITARY OFFICERS ASSOCIATION OF AMERICA, CHAPTER FL-42, INC.

Current Principal Place of Business:

P. O. BOX 5693
SUN CITY CENTER, FL 335715693 US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 5693
SUN CITY CENTER, FL 335715693 US

New Mailing Address:

FEI Number: 59-3005237 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HALM, SALA L
1001 LA JOLLA AVENUE
SUN CITY CTR, FL 33573 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	( ) Delete
Name:	HOWARTH, HUGH C	
Address:	2133 PLATINUM DRIVE	
City-St-Zip:	SUN CITY CENTER, FL 33573	
Title:	SEC	( ) Delete
Name:	HALM, SALA L	
Address:	404 LAJOLLA AVE	
City-St-Zip:	SUN CITY CENTER, FL 33573	
Title:	D	( ) Delete
Name:	HAMMOND, GEORGE E	
Address:	903 BUNKER VIEW DR	
City-St-Zip:	APOLLO BEACH, FL 33572	
Title:	D	( ) Delete
Name:	JACKSON, JAMES D	
Address:	401 SOUTH PEBBLE BEACH BLVD	
City-St-Zip:	SUN CITY CENTER, FL 33573	
Title:	PPRE	( ) Delete
Name:	FOPPE, JERRY	
Address:	1205 EMERALD DUNOS DRIVE	
City-St-Zip:	SUN CITY CENTER, FL 33573	
Title:	T	( ) Delete
Name:	TURPIN, ALLAN	
Address:	2241 GREENWICH DRIVE	
City-St-Zip:	SUN CITY CENTER, FL 33573	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	PRES	(X) Change ( ) Addition
Name:	GLASS, DORIS B	
Address:	1919 AMER EAGLE BLVD #220	
City-St-Zip:	SUN CITY CENTER, FL 33573	
Title:	SEC	(X) Change ( ) Addition
Name:	HALM, SALA L	
Address:	1001 LAJOLLA AVE	
City-St-Zip:	SUN CITY CENTER, FL 33573	
Title:	VP	(X) Change ( ) Addition
Name:	FARYNIASZ, KIRK	
Address:	11427 VILLAGE BROOK DR	
City-St-Zip:	RIVERVIEW, FL 33569	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	T	(X) Change ( ) Addition
Name:	FOWLER, ROBERT L	
Address:	601 ALLEGHENY DR	
City-St-Zip:	SUN CITY CENTER, FL 33573	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: SALA HALM SEC 03/22/2009

Electronic Signature of Signing Officer or Director — Date