2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2006 8:00 am
Secretary of State
03-03-2006 90103 017 ****61.25

DOCUMENT # N41857

1. Entity Name
WHITING FIELD CHAPTER, MILITARY OFFICERS ASSOCIATION OF AMERICA, INC.

Principal Place of Business	Mailing Address
P O BOX 3875 MILTON, FL 32572	P O BOX 3875 MILTON, FL 32572

02282006 Chg-NP CR2E037 (11/05)

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 59-3005246 ☐ 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
SHORES, HOWARD P II 5474 CHAMPIONS DR PACE, FL 32571	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, 2006

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 FURLOW, BRUCE 5843 HICKORY GROVE RD. MILTON, FL 32570	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P HOWARD P SHORES II 5474 Champions DRIVE PACE, FLORIDA 32571	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GLASSER, HAL 5900 TWIN OAKS DR MILTON, FL 32571	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT EGLER, JAMES F 5124 WESTPORT DR MILTON, FL 32570	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT RUSSELL, Johnny L 6421 MISTY LAKE DRIVE MILTON, FLORIDA 32570	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/V SHAFER, DON 5705 TAMARACK DR PACE, FL 32571	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV SCOTT, JESSE 5140 POTOMAC DRIVE PACE, FLORIDA	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S SHORES II, HOWARD P 5474 CHAMPIONS DR PACE, FL 32571	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S FURLOW, PAMELA 5843 HICKORY GROVE ROAD MILTON, FLORIDA 32570	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RUSSELL, JOHN 6421 MISTY LAKE DR MILTON, FL 32570	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HOLLINGSWORTH, LABAN 5521 HAMILTON BRIDGE ROAD MILTON, FLORIDA 32570	☑ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Johnny L Russell 02/28/06 850.324.5142
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #